FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000014325 1. Corporation Name

B.T.D.R.Y.D., INC.

Principal Place of Business

Mailing Address

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90192 016 ***150.00



		TALLAHASSEE FL 32311			
TALLAHASSEE	FL 32311	INCLARAGGE PL 32311		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed	_
				02/12/1998	
2. Principal P	lace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For
	z East Mahan Or	26 2908 EAST	MAHAN (DR 59-3502773	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	7	5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State 23 ALLAHASSee FL 28 Talkana			A.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 323	Country ()8 [25] LEON	Zip 29 32308 30	Country Leau	This corporation owes the current year Personal Property Tax.	☐ Yes Yo
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	ed Agent
			81 Name	auxil Hansolman	,
NELSON, TERRY C				Address (P.O. Box Number is Not Acceptable)	
3110 APALACHEE PARKWAY					va
TALL	AHASSEE FL 32311		83	· ·	
			84 <u>City</u>	-00 /	85 Zip Code
			(6	Walkerran F	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named	corporation submits this statement for the purpose	of changing its registered
office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	· J.	- David	HAUSE		6-89
	Signature, typed or pripped name of registered agent		gistered Agent signature r	aquired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIDECTORS IN 12
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	5 TO	Change Addition
TITLE	PSTD	C DEFETE		Nelson, TerryC	
NAME	NELSON, TERRY C		1.3 STREET ADDRESS	NEISON, TEMEY	Ĭ
STREET ADDRESS	RT 1, BOX 436 SOPCHOPPY FL 32358-/			R+1 Box 436 FL 32358	
CITY-ST-ZIP	30PCHOFF1 FL 32330-/	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Sopono programa	☐ Change 【 Addition
TITLE		C) Deterie	2.1 MLE	President	_ , ,
NAME	1		2.3 STREET ADDRESS	DAVICE HANGELMAN	
STREET ADDRESS				2908 EMAHANDE TallanASSEE FL 323	18
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Tallandsee	Change Addition
			3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
•			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
			5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE	İ		6.2 NAME		
NAME		i			1
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR