

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90039 037 ***150.00

DOCUMENT # P98000015409

1. Corporation Name

PICKERING ENTERPRISES, INC.



Principal Place of Business

213 NE 1ST STREET
CHIEFLND FL 32626

1100 North
Young
Blvd.
Chiefland, FL
32626

Mailing Address

213 NE 1ST STREET
CHIEFLND FL 32626

1013 South Blvd
Lakeland, FL
33803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1100 N. Young Blvd.
Suite, Apt. #, etc.

2a. Mailing Address

26 1100 N. Young Blvd.
Suite, Apt. #, etc.

1013 South Blvd
Lakeland, FL
33803

City & State

23 Chiefland, FL

City & State

28 Lakeland, FL

Zip Country U.S.

24 32626

25 Levy

Zip Country

29 33803

Country FL

30 Lakeland

9. Name and Address of Current Registered Agent

PICKERING, CHRIS
213 NE 1ST STREET
CHIEFLND FL 32626

3. Date Incorporated or Qualified

02/17/1998

4. FEI Number

59-3497124

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Chris Pickering U.P.

1/5/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME PICKERING, JIM
STREET ADDRESS 213 NE 1ST STREET
CITY-ST-ZIP CHIEFLND FL 32626

TITLE V ☐ DELETE

NAME PICKERING, CHRIS
STREET ADDRESS 213 NE 1ST STREET
CITY-ST-ZIP CHIEFLND FL 32626

TITLE S ☐ DELETE

NAME PICKERING, SUE
STREET ADDRESS 213 NE 1ST STREET
CITY-ST-ZIP CHIEFLND FL 32626

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Chris Pickering U.P. 1/5/99 352-490-9800

CR2E034 (11/98)