


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 11, 1999 8:00 am**  
**Secretary of State**

08-11-1999 90003 002 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Kathedne Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000015720</b> 1. Corporation Name <b>S &amp; P OF VOLUSIA COUNTY, INC.</b>					
Principal Place of Business <b>1 JOHN ANDERSON DR. #603</b> <b>ORMOND BEACH FL 32176-5789</b>			Mailing Address <b>1 JOHN ANDERSON DR. #603</b> <b>ORMOND BEACH FL 32176-5789</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date incorporated or Qualified <b>02/16/1998</b> 4. FEI Number <b>59-3492983</b> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>HALLING, MARTHA</b> <b>1 JOHN ANDERSON DR. #603</b> <b>ORMOND BEACH FL 32176-5789</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE <input type="checkbox"/> DELETE NAME <b>D SHAVE, GEORGE W JR</b> STREET ADDRESS <b>3478 ARECA PALM AVE.</b> CITY-ST-ZIP <b>MELBOURNE FL 32901</b>					
TITLE <input type="checkbox"/> DELETE NAME <b>D POLICASTRO, DEBORAH S</b> STREET ADDRESS <b>720-CALICO CT.</b> CITY-ST-ZIP <b>WINTER SPRINGS FL 32708</b>					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>280 NORMANDY DR</b> 1.4 CITY-ST-ZIP <b>INDIALANTIC, FL 32903</b>					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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.					
SIGNATURE: <u><i>Martina Halling</i></u> <b>8-3-99</b> <b>904-677-9553</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (5/99)

**MARTHA G. HALLING**  
**One John Anderson Drive #603**  
**Ormond Beach, Florida 32176-5789**  
**(904) 677-9555**

August 23, 1999

Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee FL 32302-1500

P98000015720  
609831-90012-24

RE: S & P of Volusia County, Inc.  
Document # P98000015720  
FEI 59-3492983

Dear Division of Corporations:

Upon arriving home from vacation, I received SECOND NOTICES on the above corporation and Greenleaf Industries, Inc.

I never received a FIRST NOTICE. August 3, 1999, upon calling your office I was told to send in checks for \$150, for each corporation, with a letter of explanation.

Unfortunately, I enclosed both checks with **only one letter of explanation referencing both corporations (copy enclosed)**. I received another notice (copy enclosed) stating the report has not been filed for S & P of VOLUSIA COUNTY, INC.

Upon calling your office today, I was told to send another letter of explanation regarding only S & P of VOLUSIA COUNTY, INC., to fee waived the late.

Thank you for your help with this matter.

Sincerely,

*Martha G. Halling*

Martha G. Halling