

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90215 033 ***158.75

DOCUMENT # P98000017422

1. Corporation Name
FEC-FLOYD ENTERPRISES CORP.



Principal Place of Business
29218 STATE ROAD 44
EUSTIS FL 32736-9551

Mailing Address
29218 STATE ROAD 44
EUSTIS FL 32736-9551

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/23/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3495009	
City & State		City & State		5. Certificate of Status Desired	
23		28		X	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
Country		Country		30	
25		30		8. This corporation owes the current year Intangible	
				Personal Property Tax.	
				Yes No	
				X	

9. Name and Address of Current Registered Agent

SMITH-FLOYD, TRACY R
29218 STATE ROAD 44
EUSTIS FL 32736-9551

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/S/T/D
NAME	SMITH-FLOYD, TRACY R	1.2 NAME	SMITH FLOYD, TRACY R.
STREET ADDRESS	29218 STATE ROAD 44	1.3 STREET ADDRESS	29218 STATE ROAD 44
CITY-ST-ZIP	EUSTIS FL 32736-9551	1.4 CITY-ST-ZIP	EUSTIS FL 32736-9551
TITLE	D	2.1 TITLE	V/D
NAME	FLOYD, JACK D	2.2 NAME	FLOYD, JACK D.
STREET ADDRESS	29218 STATE ROAD 44	2.3 STREET ADDRESS	29218 STATE ROAD 44
CITY-ST-ZIP	EUSTIS FL 32736-9551	2.4 CITY-ST-ZIP	EUSTIS FL 32736-9551
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.073(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

TRACY R. SMITH-FLOYD - PRES

04-20-99

Date

352-589 7616

Daytime Phone #

CR2E034 (1/98)

0005854