PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED May 05, 1999 8:00 am Secretary of State 05-05-1999 90100 001 ***150.00

•	999 DIVISION OF CORPORATIONS				<u></u>					
DOCUI 1. Corporation	MENT # P98		10							= - - -
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Principal Place 116 VANDOLAH WAUCHULA FL	ROAD	116 VAN	Mailing Address 116 VANDOLAH ROAD WAUCHULA FL 33873				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 02/25/1998			<u>=</u>
2. Principal Pt	ace of Business	2s. Mai	ling Address				4. FEI Number 65-0834930	No	plied For t Applicable	-
Suite, Apt. :	#, etc	Sult	e, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	Additional quired	
City & State	9	City	City & State				6. Election Campaign Financing	\$5.00		=
23		28					Trust Fund Contribution	1 bebbA	o Fees	· -
Zip	Country	Zlp	ſ	Coun	try		8. This corporation owes the current	year intangible Yes	□No	=
24	25	29		30			Personal Property Tax. 10. Name and Address of New Regi			_
	9. Name and Address	OI CUITANT KAĞIRLALAL	Alleix	- 1	11 Name	•	,			=
MCK	IBBEN, JEFF J ESQ			ļ.	32 Stree		ss (P.O. Box Number is Not Acceptable			_
106 N. 5TH AVENUE],	52 Sue	N MUUNU	as (P.O. box Notition is Not Acceptable	, 		
SUITE B				1	33)]
WAU	ICHULA FL 33873			-	34 City			85 Zip 0	Code	
	• •			- 1	1 - 7			FL		
11. Pursuant	to the provisions of Section	s 607.0502 and 607.15 the State of Florida, Si	508, Florida Statule uch change was au	s, the about thorized i	ove-name by the cor	d corpo poration	ration submits this statement for the pur 's board of directors. I hereby accept the	pose or changing its le appointment as re	gistered	:==
agent. I a	m familiar with, and accept	the obligations of, Sec	tion 607.0505, Flor	ida Statut	6 8.	•				
SIGNATURE	Signature, typed or printed name of n	all the of annual and little if addle	(NOTE:	Recistored A	Coord moneture	e required	when reinstating)	DATE		- □
12.		CERS AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO		_≊ =
TITLE	DPS		☐ DELETE	1,1 TTT,	E			Change	Addition	CR2E034 (11/98)
NAME	CONERLY, DAVID			1.2 NAM	E					중 =
STREET ADDRESS	116 VANDOLAH ROAL			1.3 STR	EET ADORES	s				2E(
CITY-ST-ZIP	WAUCHULA FL 33873	·	☐ DELETE		-ST-ZP	 		[] Change	Addition	CR2E03
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. STREET ADDRESS				3.3 STR	EET ADDRES	s				=
CITY-ST-ZIP					-ST-ZIP	<u> </u>		Change	Addition	
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NAME				4.2 NA		_]	
STREET ADDRESS				1	EET ADORES '-ST-ZIP	³				
CTTY-ST-ZIP			DELETE	5.1 TITL		+-		Change	☐ Addition	
NAME			_	52 NAM	E				ţ	
STREET ADDRESS	}			5.3 STR	EET ADORES	s			i	_
CITY-ST-ZIP.			 		-ST-ZP	<u> </u>				
TILE	APPENDING THE CO		☐ DELETE	E.I TITL				Change	Addition	
NAME 2				6.2 NAM		.1				_
STREET ADDRESS					EET ADDRES	s			Į	
CITY-ST-ZIP	L		toon and countil . f		-ST-ZIP	ed in Sa	etion 110 07/3/(i) Florida Statutes I fun	ther certify that the in	formation	_
14. I hereby (cerury that the information s	ohhusa miru mus imud c	toda incrementa tou	nia avalu	Priori Stati	III	ction 119.07(3)(i), Florida Statutes. I fur	do under onthe that I	ATT OR	

oon is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am at see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I an address, with all other like empowered.

