PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000019078

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90022 037 ***150.00

MARK H	iumphrey, inc.					
Principal Place	a of Pusings	Mailing Address				- I MARKANDI HAN MULBI MENYA DANYA BANYA BANYA BANYA BANYA MAKAN JINDIR KANNI NONYA MBARA HANYA ANDA
·		<u>-</u>				
6203 S.W., 202ND COURT P.O. BOX 2372 DUNNELLON FL 34431 DUNNELLON FL 34430						,
DOINTERON LE 2440						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						02/26/1998
2. Principal P	face of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number Applied For
21		26			59-3501804 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired	
22		27			- Foo Kadulied	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees	
23		28				
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible Personal Property Tax.
24	25	29 30	וי			10. Name and Address of New Registered Agent
·	9. Name and Address of Current	Registered Agent		81 Nam		IV. Isalin and Address of New Registrates Agent
HUMPHREY, MARK G						
	6203 S.W. 202ND COURT			82 Street Address (P.O. Box Number is Not Acceptable)		
DUNNELLON FL 34431				83		
50.1						
				84 City Fi 85 Zip Code		
	the annihima of Pastions 507 0502	and COT 1508 Florida Statutes	the of	10VB-03M6	d como	
, f office or re agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was authons of, Section 607.0505, Florida	orized Statu	by the co	poration	poration submits this statement for the purpose of changing its registered on a board of directors. I hereby accept the appointment as registered
SIGNATURE						ed when reinstating) DATE
	Signature, typed of printed name of registered agent in OFFICERS AND		13.	Agent signets	a Ledmico	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D/P/S HUMPHREY, MARK G. P.O. BOX 2372 N/A DUNNELLON; FL 34430
12.	D OFFICERS AND	DELETE	1,1 711		T D.	D/P/S Change Addition
1	HUMPHREY, MARK G					HUMPHREY, MARK G.
NAME	D.O. DOV COTO. BUIL					P.O. BOX 2372 N/A
STREET ADDRESS	DUNNELLON FL 34430					DUNNELLON, FL 34430
CITY-ST-ZIP TITLE	D DOMNECCOM TE 34400			LE		O/T/V Change □ Addition C
NAME	HUMPHREY, LORI E			MÉ		HUMPHREY, LORI E
1	P.O. BOX 2372 N/A			REET ADDRES		P.O. BOX 2372 N/A
STREET ADDRESS	PURINTED ON FLOATOR					DUNNELLON, FL 34430
CITY-ST-ZIP TITLE	DOMNELLON / L 34430	☐ DELETE	3.1 TI		+ "	Change Addition
NAME			3.2 NA			
STREET ADDRESS	l			REET ADDRES	s	
CITY-ST-ZIP				Y-ST-ZIP		
TRLE	7-14-4 A B 04-4-4-		4.1 111		تت = م	☐ Change ☐ Addition
NAME			4, 2 NA	ME		
STREET ADDRESS				REET ADORES	s	
1				Y-\$T-ZIP		
TITLE		☐ DELETE	5.1 TIT		1	☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRESS		·	5.3 ST	REET ADDRES	s	
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP	1	
ITILE ITILE		☐ DELETE	6.1 T//	E	1	☐ Change ☐ Addition
NAME			6.2 NA	ME	1	İ
STREET ADDRESS			6.3 571	REET ADDRES	\$	
United Houses				AT 700	1	

14. 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, of on an attachment with an address, with all other like empowered.