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

DOCUMENT # P98000019869

1. Corporation Name

FREEBURG ENTERPRISES, INC.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90269 028 ***150.00



Principal Place of Business Mailing Address						.,	(SANTIER SIN FORM CONTINUENT NATION AND THE LOSS SENSON AND TANDON CONTINUENT CONTINUEN
12640 KITTEN 1	·	126	340 KITTEN TRAIL				
HUDSON FL 34669 HUDSON FL 34669						DO NOT WRITE IN THIS SPACE	
							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
							02/25/1998
Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For
⊢ ¬ '	Place of Business 2a. Mailing Address 26						59-34941107 - Not Applicable
21 26						\$8.75 Additional	
22	27						5. Certificate of Status Desired
- City & State							6. Election Campaign Financing \$5:00 May 8e
23	28						Trust Fund Contribution Added to Fees
Zip				ntry		8. This corporation owes the current year Intangible	
24	4 25 29 3			30			Personal Property Tax. Yes No
	9. Name and Address of Current	Regis	tered Agent		04		10. Name and Address of New Registered Agent
CDE	COURC IEDIMIAN				81	Name	
FREEBURG, JERIMIAH 12640 KITTEN TRAIL					82 Street Add		Idress (P.O. Box Number is Not Acceptable)
HUDSON FL 34669					-		
ן הטט	30N FL 34009				83		;
}					84	City	FL 85 Zip Code
							· · · · · · · · · · · · · · · · · · ·
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by						tne corpora	ation'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) OATE							ured when reinstating) DATE
12.	Signature, typed or printed name of registered agen OFFICERS ANI			13.	/ gan	it aigrizitire i oqu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPRESIDENT-D		☐ DELETE	1,1 ΤΙ	TLE		☐ Change ☐ Addition
NAME	FREEBURG, JERIMIAH			1.2 N	AME		,
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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 of the certify that it 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 of the 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I have the same legal effect as if made under oath; that I am an officer or director of the corporation of the certific that I am an an officer or director of the corporation of the certific that I am an officer or director of the corporation of the certific that I am an officer or director of the corporation of the certific that I am an officer or director of the corporation of the certific that I am an officer or director of the corporation of the certific that I am an officer or director of the corporation of the certific that I am an officer or director of the corporation of the certific that I am an officer or director of the corporation of the certific that I am an officer or director of the corporation of the certific that I am an officer or director of the corporation of the certific that I am an officer or director of the certific that I am an officer or director of the certific that I am an officer or director of the certific that I am an officer or director of the certific that I am an officer or director of the certific that I am an officer or director of the certific that I am an of

SIGNATURE:

JERIMINH FREEBURG PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR