PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

21.3

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THE MOWRY ORGANIZATION, INC. Principal Place of Business 1625 U.S. 19 10LIDAY PL 34691	Mailing Address 2625 U.S. 19 HOLIDAY FL 34691		DO NOT WRITE		
		•	3. Date incorporated or Qualifed		
	,		03/13/1998		<u></u>
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		oplied For
11	26				ot Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
City & State	City.& State		- 8Election Compaign Financing - Trust Fund Contribution		May Be to Fees
Zip Country	Zip	Country	8. This corporation owes the curren	t year Intangible	
425	L	30	Personal Property Tax.	☐Yes	₩No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	
MOWRY, HATTIE A 2625 U.S. 19 HOLIDAY FL 34691		82 Street /	Address (P.O. Box Number is Not Acceptable	(e)	
		84 City	··	FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	and 607.1508, Florida Statute of Florida. Such change was au	es, the above-named athorized by the corpo	corporation submits this statement for the puration's board of directors. I hareby accept it	urpose of changing It the appointment as r	s registered egistered
SIGNATURE Signature, typed or printed name of registered agent	end title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)	urpose of changing It the appointment as n	
12. OFFICERS ANI	t end title if applicable. (NOTE: O DIRECTORS	Registered Agent algosture of 13.		urpose of changing It the appointment as n	ORS IN 12
SIGNATURE Signature, typed or printed name of regularized agent 12. OFFICERS ANI TITLE PARTITION Hattle A. MOWLY	end title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)	Inpose of changing it the appointment as n DATE CERS AND DIRECT	
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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 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.

6.2 NAME

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP