PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000025953

t. Corporation Name					į.		
NEXT GENERATION, INC.					i .		
NEAT GENERATION, INO.) (PENIER) (IN 1818) (BILL CRIST		
ł							
						-{	
Principal Place of Business Mailing Address							
521 SOUTH 6TH STREET 521 SOUTH 6TH STREET							
MACCLENNY FL 32063 MACCLENNY FL 32063						DO NOT WRITE IN THIS SPACE	
l						3. Date Incorporated or Qualifed	
1.						03/19/1998	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				59 - 3510614 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		27				5. Certificate of Status Desired LJ Fee Required	
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.	
24]	g. Name and Address of Current			「 <u> </u>	<u> </u>	10. Name and Address of New Registered Agent	
81 Name							
COR			82				
1	HAYS STREET				Street Addre	ess (P.O. Box Number is Not Acceptable)	
1 - 7 -	AHASSEE FL 32301-2525					,	
	ALMOOLE LE GEGG! EGEG		. [83]				
<u> </u>			84 City		City	85 Zip Code	
				Ш		FL	
11. Pursuant	11. Pursuant to the provisions of Sections 607.0502 and 807.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered						
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.							
1		•					
SIGNATURE Signature, typed or printed rame of registered agent and title if applicable. (NOTE: R				Agent	signature required	(when reinstating) DATE @	
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
mle	D	DELETE	1.1 ∏	πE		Change Addition	
NAME	Morris, Richard S		1.2 N	1.2 NAME		\ <u>\frac{\fin}}}}}}}{\frac{\fin}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}}}}}}{\frac}}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\f</u>	
STREET ADDRESS			1.3 STREET ADDRESS		ADDRESS	<u> </u>	
CITY-ST-ZIP			14-51-	-ZIP	Z Z		
TITLE	n	☐ DELETE		21 TRE		☐ Change ☐ Addition C	
1 -	SATTERWHITE, CHARLES E	<u> </u>	2.210		Į	{	
NAME					ADDRESS		
STREET ADDRESS	521 SOUTH 6TH STREET						
-CITY-ST-ZP-	MACCLENNY-FL-32063	DELETE			-ZP:===	Change Addition	
TITLE		□ nere ie	3.1 11				
NAME	 		32 N			<u>, , , , , , , , , , , , , , , , , , , </u>	
STREET ADDRESS	~.~~				ADDRESS	<u>,</u> '	
CITY-ST-ZIP			3.4. C	ITY-ST	-ZIP		
TITLE		() DELETE	4.1 TI	πE		☐ Change ☐ Addition	
NAME			4.2 N	AME			
STREET ADDRESS			4.3 \$1	REET	ADDRESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
CITY-ST-ZIP		•	4401	TY- 5T-	-zr	:	
TITLE		DELETE	5.1 TI			Change Addition	
NAME			5.2 N		1	1 1	
					ADDRESS		
STREET ADDRESS				TY-ST		<u> </u>	
CITY-ST-ZIP		DELETE	5.4 U			Change Addition	
πι/F		C) Note in	1		1	Carrier Character	
NAME			6.2 N				
CONCERT ADDRESS	{		€ 6.3 ST	REET	ADDRESS (ſ	

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 specifier or furtise 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 a supplemental control of the corporation or the specifier of the corporation of the specifier of the specifier of the corporation of the specifier of the corporation of the specifier of the corporation of the specifier of the

SIGNATURE

3-22-99

904-259-1221

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Daytme Phone #

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90033 032 ***150.00