

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90099 031 ***150.00

DOCUMENT # P98000026353

1. Corporation Name
MASKEH, INC.

Principal Place of Business
3123 TURTLE DOVE TRAIL
DELAND FL 32724

Mailing Address
3123 TURTLE DOVE TRAIL
DELAND FL 32724

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1998

4. FEI Number

59-3499864

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
-Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 855 DOVA ROAD

Suite, Apt. #, etc.

22

City & State

23 Ormond Beach FL

Zip

24 32174 25 Volusia

Country

2a. Mailing Address

26 1335 Fleming Ave

Suite, Apt. #, etc.

27 Lot 171

City & State

28 Ormond Beach FL

Zip

29 32174 30 Volusia

Country

9. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DR., #37
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

SANDRA L WEDDERSTRAND

82 Street Address (P.O. Box Number is Not Acceptable)

1335 Fleming Ave Lot 171

83

84 City

Ormond Beach

FL

85 Zip Code

32174

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.

SIGNATURE Sandra Wedderstrand

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME WEDDERSTRAND, WILLIAM L
STREET ADDRESS 2132 TURTLE DOVE TRAIL 1335 Fleming Ave
CITY-ST-ZIP DELAND FL 32724 Ormond Beach FL 32174

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

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☐ Addition

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.

SIGNATURE: Sandra L Wedderstrand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

904 615 1074

Daytime Phone #

CR2E034 (11/98)