PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 26, 1999 8:00 am Secretary of State 02-26-1999 90011 025 ***150.00

| • | 1999 | 105 | DIVISION OF CO | RPORAT | IONS | | 1 | 02-26-1999 | 90011 025 | 5 *** 150.0 | 00 |
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| DOCUI 1. Corporation | MENT # P98000 | 0026 | 800 | | | | . 1 | | | | |
| | | | | | | | | | | | |
| Principal Place | e of Business | Maili | ng Address | | _ | | | | | INIO BILO: IBILI 1 | Alii Abii faai |
| 17450 NE STATE ROAD 121 17450 NE STATE ROAD 121 | | | | | | | 1 | | | | |
| WILLISTON FL 32696 WILLISTON FL 32696 | | | | | | | | | | ~~~ | |
| | | | | | | | | DO NOT WRI | TE IN THIS | SPACE | |
| | | | | | | | 03/20 | | | | |
| Principal Place of Business 2a. Mailing Address | | | | | | | 4. FEI Nui | | | — — · · · | olied For |
| 21 26 | | | | | | | | 3507546 | | | Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certifca | te of Status Desired | | \$8.75 A | |
| | | | 27 | | | | | | | | <u> </u> |
| City & State | | | City & State | | | | | Campaign Financing und Contribution | | \$5.00 t | |
| Zip | | | | | | | | st Fund Contribution Added to Fees | | | |
| — ' | 25 | - ' | , | | Personal Property Tax. | | | | | | |
| 24 | 9. Name and Address of Curre | 29 ent Register | red Agent | ' | | | | and Address of New I | Registered A | gent | |
| | | | | 81 | Name | | | | | | |
| FUGATE, NORM | | | | | Charat | A alabasa | Idress (P.O. Box Number is Not Acceptable) | | | | |
| 444 NORTH WEST MAIN ST., STE. 1 | | | | | Street | Addres | ss (P.O. box | Inflution is not Accept | able) | | |
| WILLISTON FL 32696 | | | | | 3 | | | <u> </u> | | | |
| | | | | | ļ | | | <u> </u> | | las Tin C | |
| | | | | | City | | | - | FL | 85 Zip C | ode |
| 11. Pursuant | to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig | 02 and 607 | .1508, Florida Statutes, | the abov | /e-named | corpor | ation submit | s this statement for the | purpose of | changing its r | registered |
| office or n | egistered agent, or both, in the Stat m familiar with, and accept the oblic | e of Florida. nations of S | . Such change was auth ection 607.0505, Florida | orized by Statute: | /thecorp s. | oration | 's board of d | irectors. I hereby acce | pt the appoin | itment as r e g | Istered |
| SIGNATURE | Signature, typed or printed name of registered a | el L | | | | | vhen reinstating) | | DATE | <u> </u> | |
| 12. | OFFICERS A | | | 13. | | | | NS/CHANGES TO OF | FICERS AN | D DIRECTO | RS IN 12 |
| TITLE | | | ☐ DELETE | 1.1 TITLE | <u> </u> | PR | ES, SEC | | | ☐ Change | XX Addition |
| NAME | | | | 1.2 NAME | | BELL | L CORRIE | F JR | | | } |
| STREET ADDRESS | | | | 1.3 STREE | T ADDRESS | 1747 | 70 NESR | 121 | | | |
| CITY-ST-ZIP | _ | | | 1.4 CITY-5 | ST-ZIP | WILI | LISION F | <u>. 32696</u> | | | |
| TITLE | | | ☐ DELETE | 2.1 TITLE | | VP. | | | | Change | Addition |
| NAME | | | | 2.2 NAME | | | L ADRIEN | i . | | | } |
| STREET ADDRESS | | | | 2.3 STREE | T ADDRESS | 1 - ' | 70 NESR | 1 | | | |
| CITY-ST-ZIP | | | | 2. 4 CITY- | ST-ŻIP | WIL | LSTON FL | 32696 | | П. | |
| TITLE | | | ☐ DELETE | 3.1 TITLE | | | | I | | ☐ Change | Addition |
| NAME | | | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | | | | 3.3 STREE | TADORESS | | | | | | |
| CITY-ST-ZIP | | | (T) per care | 3.4. CITY- | ST-ZIP_ | | | 1 | | Change | Addition |
| TITLE | | | ☐ DELETE | 4.1 TITLE | _ |] | | | | ☐ ¢riatige | |
| NAME | | | | 4. 2 NAME | | | | 1 | | | |
| STREET ADDRESS | | | | | T ADDRESS | | | , | | | , |
| CITY-ST-ZIP | | | ☐ DELETE | 4.4 CITY-S 5.1 TITLE | SI-ZIP | | | | | ☐ Change | Addition |
| TITLE | | | | 5.1 TITLE 5.2 NAME | | | | | | | |
| NAME STREET ADDRESS | | | | | TADDRESS | | | | | | [|
| | | | | 5.4 CITY-8 | | | | | | | - |
| CITY-ST-ZIP | | | DELETE | 61 TITLE | | 1 | | 1. | | Change | Addition |
| NAME | | | | 6.2 NAME | | | | | | | |

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Bell A.

AME OF SIGNING OFFICER OR DIRECTOR