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 # 1. Corporation Name P98000029428

Principal Place of Business
RT.2 BOX 6012
LAKE CITY FL 32024

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90043 006 ***150.00

NOMM	- SOUTH CONNECTION, INC	j.						
Principal Place	of Business	Mailing Address				-	HIBRO IBRU BIGH	
RT.2 BOX 6012		RT.2 BOX 6012						
LAKE CITY FL 32024 LAKE CITY FL 32024				DO NOT WRITE IN THIS	SDACE			
						3. Date Incorporated or Qualifed	SPACE	
						03/27/1998		ĺ
2. Principal Place of Business 2a. Mailing Address						4, FEI Number	A	oplied For
21	abe of Basiliess	26				593506952		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27.	<u></u> -			5. Certificate of Status Desired	Fee R	equired
City & State	9	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	_	untry		8. This corporation owes the current year In		man la
24	25	29	30	1		Personal Property Tax. 10. Name and Address of New Registered	☐ Yes	Mo
	9. Name and Address of Current	Registered Agent	_	81	Name	10. Name and Address of New Registered	Agent	
BESI	ECKER, JACK L							
	BOX 6012			82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
	CITY FL 32024			83		·	····	
LAN	2 01111 1 2 02024							
				84	City	FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statut	es, the a	bove	e-named corpo	eration submits this statement for the nurnose of	changing its	registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was a	iutnorize	a by 1	tne corporation	n's board of directors. I hereby accept the appo	intment as re	egistered
•	m familiar with, and accept the soligati	ions of Section 607.0303, Fig	ijida Ola	iuics.	•	3-3/	-99	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registere	d Agent	t signature required			
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 7	TILE		المحاريب بناء المراجعة	☐ Change	☐ Addition
NAME	BESECKER, JACK L		1.2 N	IAME				
STREET ADDRESS	OT 4 DOV CA14				ADDRESS			
	RT.2 BOX 6012		1.3 \$7					ĺ
CITY-ST-ZIP	LAKE CITY FL 32024		1.4 0	ITY-ST		44-48-44-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4		Addition
CITY-ST-ZIP	LAKE CITY FL 32024 D	☐ DELETE	1.4 C	TTLE			Change	☐ Addition
	LAKE CITY FL 32024 D BESECKER, BONNIE J	☐ OELETE	1.4 C	ITY-ST			Change	☐ Addition
TITLE	D BESECKER, BONNIE J RT.2 BOX 6012	☐ DELETE	1.4 C 2.1 T 2.2 N	CITY-ST TILE LAME			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP	LAKE CITY FL 32024 D BESECKER, BONNIE J		1.4 C 2.1 T 2.2 N 2.3 S 2.4 C	TITLE LAME STREET CITY-S	ADDRESS			_
NAME STREET ADDRESS CITY-ST-ZIP	D BESECKER, BONNIE J RT.2 BOX 6012	☐ DELETE	1.4 C 2.1 T 2.2 M 2.3 S 2.4 C	CITY-ST TITLE LAME STREET CITY-ST	ADDRESS		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BESECKER, BONNIE J RT.2 BOX 6012		1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N	CITY-ST TITLE LAME STREET CITY-S TITLE =	T-ZIP ADDRESS T-ZIP			_
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BESECKER, BONNIE J RT.2 BOX 6012		1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 I 3.2 N 3.3 S	ITLE IAME STREET STILE IAME IAME IAME IAME STREET	ADDRESS T-ZIP ADDRESS			_
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESECKER, BONNIE J RT.2 BOX 6012 LAKE CITY FL 32024	DELETE	14 C 2.1 V 2.2 N 2.3 S 2.4 I 3.3 L 3.3 S 3.4 J	CITY-ST TITLE IAME STREET TITLE IAME STREET CITY-S' CITY-S' CITY-S'	ADDRESS T-ZIP ADDRESS		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BESECKER, BONNIE J RT.2 BOX 6012 LAKE CITY FL 32024		14 C 2.1 Y 22 M 23 S 2.4 I 3.1 I 3.2 M 3.3 S 3.4 I	CITY-ST TILE STREET CITY-S TILE STREET CITY-S TILE STREET CITY-S TILE	ADDRESS T-ZIP ADDRESS			_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BESECKER, BONNIE J RT.2 BOX 6012 LAKE CITY FL 32024	DELETE	14 C 2.1 T 2.2 N 2.3 S 2.4 4 3.1 I 3.2 N 3.3 S 3.4.1 4.1 I 4.2 I	ITY-ST TILE LAME STREET CITY-S' TILE STREET CITY-S' TILE TILE NAME	ADDRESS T-ZIP ADDRESS T-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BESECKER, BONNIE J RT.2 BOX 6012 LAKE CITY FL 32024	DELETE	14 C 2.1 T 2.2 N 2.3 S 2.4 4 3.1 I 3.2 N 3.3 S 3.4.4 4.1 I 4.2 I 4.3 S	ITY-ST TILE JAME STREET JAME STREET CITY-S' TILE TILE NAME STREET	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESECKER, BONNIE J RT.2 BOX 6012 LAKE CITY FL 32024	DELETE	14 C 21 T 22 N 23 S 2.44	CITY-ST TITLE LAME CITY-S TITLE LAME TITLE CITY-S TITLE TITL	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	_	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	D BESECKER, BONNIE J RT.2 BOX 6012 LAKE CITY FL 32024	☐ DELETE	14 C 21 T 22 N 23 S 2.44 C 33.1 I 32 N 33.5 34.4 C 4.1 I 4.2 I 4.3 S 4.4 C 5.1 I	ITY-ST TILE JAME STREET JAME STREET CITY-S' TILE TILE NAME STREET	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	-	: Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BESECKER, BONNIE J RT.2 BOX 6012 LAKE CITY FL 32024	☐ DELETE	14.0 2.1T 22 N 2.3 S 2.4 3.1 I 3.2 N 3.3 S 3.4.1 4.1 I 4.2 I 4.3 S 4.4 O 5.1 I 5.2 N	CITY-ST TITLE LAME CITY-S CITY-S LAME STREET CITY-S TITLE LAME STREET LAME TITLE LAME LAM	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	-	: Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BESECKER, BONNIE J RT.2 BOX 6012 LAKE CITY FL 32024	☐ DELETE	14.0 2.1T 22 N 2.3 S 2.4 - 3.1 I 3.2 N 3.3 S 3.4.1 4.1 I 4.2 I 4.3 S 4.4 O 5.1 T 5.2 N 5.3 S	CITY-ST TITLE LAME CITY-S CITY-S LAME STREET CITY-S TITLE LAME STREET LAME TITLE LAME LAM	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		: Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BESECKER, BONNIE J RT.2 BOX 6012 LAKE CITY FL 32024	☐ DELETE	14.0 2.1T 22N 23.5 2.4 3.1T 3.2 N 3.3.5 3.4.1 4.1T 4.21 4.3.5 4.4.0 5.1T 5.2.N 5.3.6 5.4.0	CITY-ST TITLE LAME STREET CITY-S TITLE LAME STREET CITY-S TITLE LAME STREET TITLE LAME STREET LITTLE LAME STREET LITTLE LAME STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	-	: Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESECKER, BONNIE J RT.2 BOX 6012 LAKE CITY FL 32024	DELETE	14.0 2.1T 22 N 2.3 S 2.4 - 3.1 I 3.2 N 3.3 S 3.4.1 4.1 I 4.2 I 4.3 S 4.4 O 5.1 T 5.2 N 5.3 S 5.4 O 6.1 I	CITY-ST TITLE LAME STREET CITY-S' TITLE LAME STREET CITY-S' TITLE LAME CITY-S' TITLE LAME CITY-S' TITLE LAME CITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	-	Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	D BESECKER, BONNIE J RT.2 BOX 6012 LAKE CITY FL 32024	DELETE	1.4 C 2.1 T 2.2 M 2.3 S 2.4 4 3.3 S 3.4.1 4.11 4.2 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	CITY-ST TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	-	Change	Addition Addition 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.

SIGNING OFFICER OR DIRECTOR