## 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 # P98000030383

1. Corporation Name

130 OLD HIGHWAY 98. #4-134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

DESTIN FL 32541

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Zip

JEFFREY D. CHURCH, INC.

| District Discount District | <br>Mailina A | ī. |  |
|----------------------------|---------------|----|--|
|                            |               |    |  |

130 OLD HIGHWAY 98, #4-134

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Zip

DESTIN FL 32541

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90090 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/30/1998 2a. Mailing Address 4. FEI Number Applied For Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible Personal Property Tax. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable)

FLEET, H. BART 1201 EGLIN PARKWAY SHALIMAR FL 32579

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Country

|                     |  | . /                      |                        |
|---------------------|--|--------------------------|------------------------|
| 84 City             |  | Fi                       | 85 Zip Code            |
|                     |  |                          | <del></del>            |
| the above-named cor | rporation submits this statemention's board of directors. I here | nt for the purpose of cl | nanging its registered |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE 4-29-99 Collunand Calenn IN

| SIGNATURE      | Signature, typed or printed name of registered agent and title if applicable. (NOT | Registered Agent signature requ |   | ? DATE        |          |            |
|----------------|--|---------------------------------|---|---------------|----------|------------|
| 12.            | OFFICERS AND DIRECTORS   | 13.                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |               |          |            |
| TILE           | DELETE_  | 1.1 TITLE                       |   | **            | Change   | ☐ Addition |
| NAME           | CHURCH, JEFFREY D  | 1.2 NAME                        | ~   |               |          |            |
| STREET ADDRESS | 130 OLD HIGHWAY 98, #4-134   | 1.3 STREET ADDRESS              |   | r- ·          |          | -          |
| CITY-ST-ZIP    | DESTIN FL 32541  | 1.4 CITY-ST-ZIP                 |   |               |          | *          |
| TITLE          | . □ DELETE   | 2.1 TITLE                       |   | •             | ☐ Change | ☐ Addition |
| NAME           | ľ  | 2.2 NAME                        |   |               |          | -          |
| STREET ADDRESS |  | 2.3 STREET ADDRESS              |   |               |          | }          |
| CITY-ST-ZIP    |  | 2. 4 CITY-ST-ZIP                |   | <u></u>       |          |            |
| TITLE          | ☐ DELETE   | 3.1 TITLE                       |   | ;             | Change   | ☐ Addition |
| NAME           |  | 3.2 NAME                        |   | :-            |          |            |
| STREET ADDRESS |  | 3.3 STREET ADDRESS              |   |               |          |            |
| CITY-ST-ZIP    |  | 3.4. CITY-ST-ZIP                |   | *.            |          |            |
| TILE           | . DELETE   | 4.1 TITLE                       |   | J: -          | Change   | ☐ Addition |
| NAME           |  | 4, 2 NAME                       |   | •             |          |            |
| STREET ADDRESS |  | 4.3 STREET ADDRESS              |   | • •           |          | ,          |
| CITY-ST-ZIP    |  | 4.4 CITY-ST-ZIP                 |   |               | <u> </u> |            |
| TITLE          | DELETE   | 5.1 TITLE                       |   | • •           | Change   | ☐ Addition |
| NAME           |  | 5.2 NAME                        | *   |               |          | 1          |
| STREET ADDRESS |  | 5.3 STREET ADDRESS              | ₹   |               | . رمه    |            |
| CITY-ST-ZIP    | ` <b>.</b>   | 5.4 CITY-ST-ZIP                 |   |               |          | <u></u>    |
| TITLE          | ☐ DELETE   | 6.1 TITLE                       |   |               | Change 🗸 | ☐ Addition |
| NAME           |  | 6.2 NAME                        |   |               |          |            |
| STREET ADDRESS |  | 6.3 STREET ADDRESS              |   | <del></del> . |          |            |
| 4              | \  | 64 CiTy OT 7ID                  |   |               |          |            |

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: