PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Apr 09, 1999 8:00 am Secretary of State 04-09-1999 90067 027 ***150.00

FILED

1999 POCUMENT # POROCO24050

i. Corporado	MENT # P98000 ININGS OF PENSACOLA, IN							
Principal Place of Business Mailing Address					reddicadi rio raras raris aderr gorts borsi ar	OO (1314 ELQ14 OQ4B) O	IIIIM IMIT (MM)	
4408 N. PALAFOX ST. 4408 N. PALAFOX ST.								
PENSACOLA FL 32505 PENSACOLA FL 32505					DO NOT WRITE IN THIS SPACE			
						115 SPACE		1
					3. Date incorporated or Qualifed			
3 Date 1 • • •	Desired President	2a. Mailing Address			04/13/1998 4. FEI Number	T Ann	lied For	
2. Principal Place of Business		26			59-3503549	<u> </u>	Applicable	ł
21 25 25 26 27 28 21 21 21 22 22 22 22 22 22 22 22 22 22			Suite, Apt. #, etc.			\$8.75 A	dditional	İ
22 27					5. Certificate of Status Desired	Fee Re	quired	_
City & State City & State					24 .6. Election Campaign Financing		May Be. 🚌	fra
23					Trust Fund Contribution Added to Fees			ł
Zip	Country		Country		8. This corporation owes the current year Intangitie Personal Property Tax.			
24	25	29	30		Personal Property Tax. 10. Name and Address of New Register		C) 140	i
	9. Name and Address of Curren	Registered Agent	- 8	1 Name	10. Raine and Addissa of New Register.			İ
VAN	LANDINGHAM, DARRYL		Ĺ					ł
4408 N. PALAFOX ST.			}8	2 Street Add	ress (P.O. Box Number is Not Acceptable)			l
PEN	SACOLA FL 32505	•	a	3				1
				<u></u>		. Sti Zip C	·	ł
			1 1	4 City	F			j
≠11. Pursuant office or agent. I a SIGNATURE	to the provisions of Sections 607.050; registered agent, or both, in the State of am familiar with, and accept the obligat Signature, typed or printed name of registered agen			rve-named.corp by the corporations. pent signature require	ocration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as reg	letered	-
12,	OFFICERS AN		13.		ADDITIONS CHANGES TO OFFICERS	AND DIRECTO		11/98
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE			☐ Change	Add: Non	Įξ
NAME	Dacryl G Vanlanding ram		1.2 NAME					POECISA
STREET MORESS 2021 Fronteria St			1.3 STRE	ET ADDRESS				Ĭ
CITY-ST-ZIP	NAVATTE, FI 3256		1.4 CTY	-ST-ZIP			5 4 3 2 2 2	è
TITLE	vice President	☐ DELETE	2.1 TITLE	=		☐ Change	Addition	`
NAME	Ruth VanLewoinghan	~	2.2 NAM					1
STREET ALORESS	3133 ELON 4613/24	5/0/0		EET ACORESS				<u>.</u>
CITY-ST-ZP-	Mayarry FI 35	☐ DELETE		-57-ZP		☐ Change	Addition	Γ
TITLE		רין הברבוד	3.1 TITLE			F) 2000		I
NAME			3.2 NAM					1
STREET ALDRESS		· -		ET ADDRESS	-			
CITY-ST-ZP		DELETE	3.4, CITY 4.1 TITLE			☐ Change	☐ Addition	1
TITLE NAME	1		4.2 NAM	1				Ì
STREET ACORESS				ET ADDRESS				1
CITY-ST-ZIP	1		4.4 CITY]
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	ŀ
NAME	1		5.2 NAM	E				1
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZP			5.4 CITY					ł
TITLE		DELETE	6.1 TITLE	1		☐ Change	☐ Addition	J
KAME	}		6.2 NAM	Į.				1
STREET ADORESS	\$		6.3 STRE	ET ADORESS				1
CHY 64.70	· ·		6.4 CITY	-ST-ZIP				

14. I hereby certify that the information supplied with this filling 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 eath; 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:

PED OR PRINTED NAME OF SIGNAR OFFICER CA DIRECTOR

4-6-99

PSO-434-3737