

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90003 036 ***150.00

DOCUMENT # P98000038445

1. Corporation	n Name				· ·		
DAVID P	OLLARD ENTERPRISES, IN	C.					
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Principal Place	s of Business	Mailing Address			1 St. bit St. d. i ander i benge metre Babbe matern ander	S CILAT INTER MENTE	ilian els san
9441 50TH WAY		9441 SOTH WAY N.					
		PINELLAS PARK FL 33782			· \		
PINELLAS PARK FL 33782 PINELLAS PARK FL 33782					DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified		•
					04/27/1998		
2 Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Api	oliad For
— ·	iade of Dualities	26			59-3514860	No	Applicable
Suite, Apt.	# str	Suite, Apt. #, etc.				\$8.75	dditional
—	, 5th	27			5. Certificate of Status Desired	Fee Re	
22 City & State		City & State			8. Election Comparym Financing	\$5.00	MAN DO.
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Coul	ntrv	8. This corporation owes the current year li		
—		·	30	,	Personal Property Tax.	Yes	MNo I
24	9. Name and Address of Curren		301		10. Name and Address of New Registere		
	9, Halife and Address of Curren	it itagistored Again		81 Name			_
l POLI	LARD, DAVID M						
	1 50TH WAY N.			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		1
	LLAS PARK FL 33782			83	·		
''''				83			J
,				84 City		85 Zip C	ode
					F	<u> </u>	
11. Pursuant	to the provisions of Sections 607.050	2 and 697 1508, Florida Statuti	es, the al	ove-named co	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appearance of the purpose o	ointment as rec	registered
agent 1 a	im tamillar with, and accept the ostiga	tions of Section 6N7 0505. Fin	ida Stati	100	7.	<i>'</i>	1
		months on, occurrent occurrence, i no	Ma ome	los.	> / / 0	/ ^ ~	- 1
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SIGNATURE	Signedic, Typed is printed name of registered age OFFICERS AN	A ANOTE - MARCH NOTE	Registered 13.	Agent signature requ	sired when retristating)	77	
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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 suppliemental 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 treatee 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 other attachment with an address, with all other like empowered.

SIGNATURE:

SAMATURE PROUIRED SIGNATURE OF SIGNATURE AND STYPED OR PRINTED NAME OF SIGNATURE OF

3/11/99

Daytime Phone #