**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90187 006 \*\*\*150.00

1. Corporation Name  LISA J. HELPHENSTINE INTERI				
LION OF FIELD FIEND TIME INTERIO	on ocolon, mo			
Principal Place of Business	Mailing Address		_	1
4054 SOUTH SHADE AVENUE SARASOTA FL 34231	4054 SOUTH SHADE AVENUE SARASOTA FL 34231			
				3. Date 04/2
2. Principal Place of Business	2a. Mailing Address			4. FEI N
21	26			6.5
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certif
City & State	City & State	*		6. Electi
23	28			Trust
Zip Country 24 25	Zip Co	ountry		8. This of
9. Name and Address of C				10. Nam
LET DUENICTINE LICA I		81	Name	
HELPHENSTINE, LISA J 4054 SOUTH SHADE AVENUE		82	Street Addre	ss (P.O. Bo
SARASOTA FL 34231		83	,	
SANASOTA FE 34231		83		
	•	84	City	·
1		_		

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3. Date Incorporated or Qualifed 04/29/1998		
4. FEI Number	Applied For	
65-0847091	Not Applicab	
5. Certifcate of Status Desired	\$8.75 Additional	
* 6. Election Campaign Financing - Trust Fund Contribution	\$5.00 May Be Added to Fees	
8. This corporation owes the current year		
Personal Property Tax.	Yes No	
10. Name and Address of New Registe	red Agent	
ss (P.O. Box Number is Not Acceptable)		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature req	surred when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STPD DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME .	HELPHENSTINE, LISA J	1.2 NAME	
STREET ADDRESS	4054 SOUTH SHADE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	1.4 CITY+ST-ZIP	<u> </u>
TITLE	, DELETE	2.1 TITLE	Change Additio
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETE _	3.1 TITLE	☐ Change ☐ Additio
NAME		3.2 NAME	• • • • • • • • • • • • • • • • • • •
STREET ADDRESS		3.3 STREET ADDRESS	· '
CITY-ST-ZIP		3.4, CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Additio
NAME		4, 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP,		4.4 CITY-ST-ZIP	
TITLE .	☐ DELETE	5.1 TITLE	☐ Change ☐ Additio
NAME '		5.2 NAME	•
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Additio
NAME		6.2 NAME	•
STREET ADDRESS		6.3 STREET ADORESS	
OID/ CT 7/0		6.4 CITY-ST-ZIP	

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:**