e4 31.22 .±

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # paganonaneg7

## FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90129 010 \*\*\*150.00

1. Corporation	n Name	J4003 <i>1</i>					
	RUCKING, INC.						
1 & 0 mooning mo					# AMBRICAL TO A PORCE ROUSE MAINLY CONTI CORRES CONTIC OR DESIGN CONTICUENCE CONTROL CONTICUENCE FOR THE RESIDENCE FOR THE PORT AND THE		
ļ.							
Principal Place of Business Mailing Address					1 (20)7001 tra sosal ranic debut eerin eerin erin erin eerin eerin eerin erin		
ROUTE 4, BOX 8420 ROUTE 4, BOX 8420							
HILLIARD FL 32046 HILLIARD FL 32046					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
[ ]					05/04/1998		
2 Princinal P	Mace of Business	2a. Mailing Address			4. FEI Number Applied For		
2. Principal Place of Business 2a. Mailing Address 21				CQ - 25/0149 Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.					5 Certificate of Status Desired 38.75 Additional		
22 27					5. Certificate of Status Desired Fee Required		
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be		
23					Trust Fund ContributionAdded to Fees	~	
Zip	Country	Country Zip Country		ry	8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.		
	9. Name and Address of Current	Registered Agent	<del> </del>	1 Name	10. Name and Address of New Registered Agent		
1 4 4 7	DEN, FRANCIS M		ľ				
	TE 4, BOX 8420		a	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
HILLIARD FL 32046			la la	3			
			L		85   Zip Code		
l I			1	4 City	FL   T		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the about	ve-named corporation	oration submits this statement for the purpose of changing its registered on a board of directors. I hereby accept the appointment as registered		
agent, 1 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	rida Statute	<b>35.</b>			
SIGNATURE		water	O	peni signaturo require	ad when reinstating) DATE	_	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	State Suffering Confession	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	3	
TITLE	PRESIDENT	DELETE	1.1 TITLE		☐ Change 🔀 Addition	CR2E034 (11/98)	
NAME	FRANCIS M. LAYDE!	1	1.2 NAM	. ľ	SEE BUX IN	*	
STREET ADDRESS	RT4 BOX 8420		1.3 STRE	ET ADDRESS	> " "	i i	
CRY-ST-ZIP	HILLIARD, FL	32046	1.4 CITY	-ST-ZIP		Ķ	
TITLE	SECRETARY / TREM	S. DELETE	2.1 TITLE		Change 20 Application	2	
NAME	RT. 4 BUX 8420	1	2.2 NAM	:	3 EE BOX 12		
STREET ADDRESS	Rt. 4 Box 8420		2.3 STRE	ET ADDRESS	SE BOX		
CITY-ST-ZIP	HILLIARD, FL 3	32046	2.4 CITY	-ST-ZIP			
TITLE	/	☐ DELETE	3.1 TITLE		Change Addition		
_NAME			3.2 NAME	l l			
STREET ADDRESS		<del>-</del> -	3.3 STRE	ET ADDRESS		·=	
CITY-ST-ZIP			3.4. CITY		☐ Change ☐ Addition		
-TITLE		DELETE	4.1 MLE		☐ ☐ Cuautha ☐ Youthou		
NAME			4. 2 NAM	_			
STREET ADDRESS				ETADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-		☐ Change ☐ Addition		
TITLE	}		5.1 TITLE 5.2 NAM				
NAME	ŀ			ET ADDRESS			
STREET ADDRESS			5.4 CITY				
CITY-ST-ZIP TITLE		□ DELETÉ	6.1 TITLE		☐ Change ☐ Addition		
ļ		۵.555	6.2 NAM	ł	- , - 1		
NAME STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	ľ	·		
[ Juli 1:-51-ZIP	1						

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 (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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SACHATURE AND TYPED OR PRINTED HAME OF STOMENO	Francis m	LAYDEN 3	15/99	904-845-2699
FIGURE AND TYPED OR PRINTING NAME OF SHOWING	Francis M	LAy Dr	3-30-99	904 845 7029