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 # P98000041678

THE LAW OFFICES OF KEITH C. PICKERING, P.A.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90056 031 ***150.00



Principal Place of Business Mailing Address								1 (001)011 110	19191 1971 4911			••••	
323 SOUTH SECOND STREET 323 SOUTH SECOND STREET					i								
FORT PIERCE F	FL 34950	FORT P	FORT PIERCE FL 34950					DO NOT WRITE IN THIS SPACE					
							<u>-</u>	3. Date Incorporat					
							'	05/08/1998					
2 Principal P	lace of Business	2a Ma	Mailing Address					4. FEI Number				App	lied For
- -1	ace of business	├	26				ĺ	65-08	3592	4			Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.					<u> </u>	<u> </u>	'	\$8.7	75 Ac	iditional
22	#, 6to.	27] !	5. Certifcate of Sta	atus Desired	ı 🗆		e Req	I
City & State	3		City & State					6. Election Campa	ian Financir	na 👝	\$5.	.00 N	lay Be
23		28	├─ ┐ ′					Trust Fund Cor	•	,a 🗆	•	ded to	-
Zip	Country	Zip		Cour	itry			8. This corporation	owes the c	current year	r Intangible		7
24	25	25 29 30			, i				Property Tax. Yes No				
	9. Name and Address of Curr		d Agent				1	0. Name and Add	iress of Ne	w Register	red Agent		
				}	81	Name	e						- 1
PICKERING, KEITH C			ŀ	82 Street			Address (P.O. Box Number is Not Acceptable) .						
	SOUTH SECOND STREET					Ollook		(1 : 0 : Box 1 : 0 : 1 : 0 : 1					
FOR	T PIERCE FL 34950												}
				-	84	City					85	Zip C	nde
						City					▔▙▕▔▔▏		-
11. Pursuant i	to the provisions of Sections 607.0	502 and 607.1	508, Florida Statut	es, the ab	ove	-named	d corporati	ion submits this sta	tement for t	the purpose	e of changin	g its r	egistered etered
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Fiorida S	uch change was a	uunonzea	DV	uie corb	poration's	board of directors.	i nereby ac	cept the ap	pominient	15 I C YI	Siered
_	The same of the sa	3	,										
SIGNATURE	Signature, typed or printed name of registered a	igent and title if appli	cable. (NOTE	Registered /	\gen	t signature	e required whe			DATE			
12.	OFFICERS .	AND DIRECTO		13.				ADDITIONS/CH/	ANGES TO	OFFICERS			
TITLE	DP		☐ DELETE	1.1 TITI	LE						☐ Cha	ukl a	☐ Addition
NAME	PICKERING, KEITH C			1.2 NA	ИE								1
STREET ADDRESS	323 SOUTH SECOND STREE	ET		1 3 STF	REET	ADDRESS	s						
CITY-ST-ZIP	FORT PIERCE FL 34950		·	1.4 CIT		r- <u>zi</u> p							- Addition
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NAME				2.2 NA	WE						-		ļ
STREET ADDRESS				2.3 STF	REET	ADDRESS	s						}
CITY-ST-ZIP				2 4 C11		T-ZIP	 -				[7] Cho		Addition
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NAME													ľ
STREET ADDRESS						ADDRESS	100						-
CITY-ST-ZIP				6.4 CIT	Y-51	I-ZIP					<u> </u>		

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:

(56) 466 1599