## 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 # P98000050622

1. Corporation Name

Principal Place of Business	Maifing Address
985 WENDAM COURT	985 WENDAM COURT
PORT ORANGE FL 32127	PORT ORANGE FL 32127

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90096 020 \*\*\*150.00

	TH J. SKEEN, INC.					
Principal Place	e of Business	Mailing Address			T TREATERN IN ISOLO HOND SOUND BRIN BRIN OF ISOLO FINA FINA FISH OF IN 1819	
985 WENDAM C		985 WENDAM COURT				
PORT ORANGE		PORT ORANGE FL 32127			DO NOT WOLF IN THE CRACE	
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	٦
					06/04/1998	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	1
21	lace of business	26			59-3526114 Not Applicable	1
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional	1
22		27		_ ~	-5. Certificate of Status Desired Fee Required	
City & State	e	City & State			6, Election Campaign Financing \$5.00 May Be	}
23		28			Trust Fund Contribution Added to Fees	_
Zip	Country	Žip	Count	try	8. This corporation owes the current year Intangible	
24	25		30		Personal Property Tax. Yes No	-
	9. Name and Address of Curren	t Registered Agent		NA	10. Name and Address of New Registered Agent	-
OVE	EN E117ADETU !		1	Name	<u></u>	_
	en, elizabeth j Wendam Court		1	32 Street /	t Address (P.O. Box Number is Not Acceptable)	
	T ORANGE FL 32127			33		1
PUR	ORANGE PE 32127		ſ	23		
			Ĩ	34 City	FL 85 Zip Code	1
	- 1	2 and 607 1509 Florido Statuto	s the abo		d corporation submite this statement for the purpose of changing its registered	+
l office of n	enistered agent or both in the State.	of Florida. Such change was au	tnortzea i	ov the corpo	poration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statut	es.		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. /NOTE: I	Registered A	gent signature re	required when reinstating) DATE	ļ
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	]
TITLE	Director	☐ DELETE	1.1 TITL	E	☐ Change ☐ Addition	. 1
NAME	Elizabeth J. SK	00 N	4.55444	I		' [
STREET ADDRESS	985 Wendam Ct	cen	1.2 NAM	E		•
		cen		EET ADDRESS	5	
CITY-ST-ZIP	Port Orance, FL	32127	1.3 STR			
TITLE	Elizabeth T. SK 985 Wendam et Port Orange, FL	32127 □ DELETE	1.3 STR	EET ADORESS '-ST-ZIP	Change Addition	
	Port Orange, FL	32127	1.3 STR	EET ADORESS '-ST-ZIP E		
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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 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: