PROFIT CORPORATION ANNUAL REPORT 1000



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90034 027 \*\*\*150.00

	1999	<u></u>		<del></del>		
DOCUI	MENT # P98000	054707				
	A. CARNEY, INC.			_		
UNIVILO P	TO OCHULLI HO			C REPROPERTURE AND COURT OF THE	HAR <b>ad</b> ini <b>erka</b> n ekki erek e <b>ra</b> n	<b>11</b> 11 (111 (111)
Principal Place	e of Business	Mailing Address			liff Chris Daibt Brots Arder 1880.	98111 1861 1651
469 SOUTH SHORE ROAD 469 SOUTH SHORE ROAD						
OSPREY FL 34229 OSPREY FL 34229				DO NOT WRITE IN THIS SPACE		
).				3. Date Incorporated or Qualifed		
				06/18/1998		
2. Principal Place of Business 2a. Mailing Address				4. FELNumber	<b>⊿</b> ₁) ⊢ ⊢ ⊢ ⊢	oplied For
21		26	26			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Additional equired
27						
City & State City & State		— — ·		Election Campaign Financing Trust Fund Contribution		May Be to Fees
23	Country	Zip	Country	8. This corporation owes the cur	· · · - · · · · · · · · · · · · · · · ·	10.002
Zip 24	25	·	30	Personal Property Tax.	Yes	□No
24	9. Name and Address of Curren			10. Name and Address of New	Registered Agent	
			81 Nam	18		
CARNEY, JAMES A				et Address (P.O. Box Number is Not Accept	able)	
469 SOUTH SHORE ROAD						
OSPREY FL 34229						
84					FL 85 Zip	Code
	COT 050	00 007 1500 Flade State	the above name	ed corporation submits this statement for the	ournose of changing its	registered
11. Pursuant office or n	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such change was aut	horized by the co	rporation's board of directors. I hereby acce	pt the appointment as re	gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flore	ga Statutes.			į
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Agent signatu	re required when remetating)	DATE	á
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF		DRS IN 12
TITLE	PRESIDENT	☐ DÉLETÉ	1.1 TITLE		Change	C voginor)
NAME	James A. Ca	RUCY, III	1.2 NAME			l g
STREET ADDRESS	4645. Shore PR	24.29	1.3 STREET ADORES	SS		1 2
CITY-ST-ZIP	Ospray FC	DELETE	1.4 CITY-ST-ZIP		☐ Change	Addition
TILE	SEC. /TICAS	<del></del>	2.1 TITLE 2.2 NAME		<b>_</b> •	_
NAME	JAMES A. CARM	,	2.3 STREET ADDRES	95		ļ
STREET ADDRESS	464 S. Shore K	1422	2.4 City-St-ZiP	~		
CITY-ST-ZIP TITLE	DIAL-CIDA	☐ DELETE	3.1 TITLE		Change	Addition
NAME		G, TR	3.2 NAME			
_STREET ADDRESS		ic M	3.3 STREET ADDRE	ss		.]
CITY-ST-ZIP	OSONEY FO	) mg ~	3.4. CITY-ST-ZIP			- Addition
TITLE	******	☐ DELETE	4.1 TITLE	į	☐ Change	Addition
NAME			4. 2 NAME		•	1
STREET ADDRESS			4.3 STREET ADDRES	ss		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<del>                                     </del>	Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		- Analyse	
NAME	1		5.2 NAME 5.3 STREET ADORES	55		
STREET ADDRESS			5.4 CITY-ST-ZIP	~		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
TITLE			6.2 NAME			. [

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 exactment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP