

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P98000056769</b>			
1. Corporation Name <b>FLATGROUND PROPERTIES, INC.</b>			
Principal Place of Business <b>499 NORTH FERDON BLVD. CRESTVIEW FL 32536</b>		Mailing Address <b>499 NORTH FERDON BLVD. CRESTVIEW FL 32536</b>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3060 CRAIG TERRACE</b>		2a. Mailing Address <b>5100 N. 9th Ave</b>		3. Date Incorporated or Qualified <b>06/23/1998</b>	
Suite, Apt. #, etc. <b>MERLE NORMAN COSMETOLOGY</b>		Suite, Apt. #, etc. <b>531 CONDOVA MAIL</b>		4. FEI Number <b>59-3590905</b>	
City & State <b>CRESTVIEW, FL</b>		City & State <b>PENSACOLA, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32539</b>		Zip <b>32504</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>OKLAHOMA</b>		Country <b>FLORIDA</b>		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BEDNAR, MARK A 11 EAST ZARAGOZA STREET PENSACOLA FL 32501</b>		10. Name and Address of New Registered Agent 81 Name <b>Deborah O. George</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3060 CRAIG TERRACE</b> 83 84 City <b>CRESTVIEW</b> FL 85 Zip Code <b>32539</b>	
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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 Kermit H. George DATE 11/1/99  
(NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D BEDNAR, MARK A 11 EAST ZARAGOZA STREET PENSACOLA FL 32501</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <b>DEBORAH O. GEORGE 3060 CRAIG TERRACE CRESTVIEW, FL 32536</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <b>SECRETARY KERMIT H. GEORGE 3060 CRAIG TERRACE CRESTVIEW, FL 32536</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <b>500003078265--5 -12/22/99-01076-007</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <b>REINSTATEMENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
SIGNATURE: Kermit H. George DATE 11/1/99 DAYTIME PHONE # 850-682-4289  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR