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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000062424

1. Corporation Name

EXTENDED BORDERS, INC.

					<u>-</u> ! 1		i
Principal Plac	ce of Business Mailing Address						
10407 CENTURIAN PARKWAY #101 <10407 CENTURIAN PARKWAY							
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256							
7660-5 Philips Huy 7660-5 Phi			ilips	Hwy	DO NOT WRITE IN THIS SPACE		
			7115	$\rightarrow l$	3. Date Incorporated or Qualifed		
JACKSO	NUTILE, 7/ 32256			37756	07/14/1998		
2. Principal P	lace of Business	2a. Mailing Address	. 1 -	11.	4. FEI Number		opplied For
21 766	O Philips Hwy	26 7660 Ph	ilip	5 17wg	59-3524099		lot Applicable
21 7660 Phi lips Hwy 26 7660 Phil Suite, Apt. #, etc. Suite, Apt. #, etc. 22 # 5				5. Certificate of Status Desired Fee Req		,	
City & State				,	6. Election Campaign Financing	\$5.00	May Be
23 SACKSONUILLE 7/ 28 SACKSONU Zip Country Zip				LE H	Trust Fund Contribution		l to Fees
Žip	Country	Zip	Cou	ntry	8. This corporation owes the current year In	ntangible	
24 322:	56 [25] DILVIAL	32256	30 4	DUUAL	Personal Property Tax.	☐ Yes	15X4No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	l Agent	
		<u> </u>		81 Name			
HAL	LORAN, PAUL			<u> </u>			
10407 CENTURIAN PARKWAY #101				82 Street Add	ress (P.O. Box Number is Not Acceptable))
JACKSONVILLE FL 32256				83			
9	200 Philias Hund	H101		65			ĺ
7 /	in in say			84 City		85 Zip	Code
37,	100 Philips Huy ACKSOHVILLE 71 32	22 <i>5</i>			F	_	
11 Pursuant	to the provisions of Sections 607 USUZ	and 607 1508 Florida Statute	s, the a	bove-named corp	poration submits this statement for the purpose of	f changing it	s registered
office or r	egistered agent, or both, in the State o im familiar with, and accept the obligation	r Florida. Such change was all ons of, Section 607.0505, Flor	ida Stat	i by the corporati	on's board of directors. I hereby accept the appo	minnem as r	egistered
- 3 -		, -					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent signature require	ed when rainstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 Ti	TLE		Change	☐ Addition
NAME	KESLER, DELORES		1.2 N	WE .			Į
STREET ADDRESS	10407 CENTURIAN PARKWAY #	£101	135	REET ADDRESS			
	JACKSONVILLE FL 32256	101		TY-ST-ZIP			J
CITY-ST-ZIP	D	☐ DELETE	0.4.77			Change	☐ Addition
TITLE		1631 Part	2.1 11	1		Gridings	
NAME	PASS, TANYA	CANNETT L	2.2 N	I			i
STREET ADDRESS	10407 CENTURIAN PARKWAY 4	TACKSONUILLE	2.3 \$1	REET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32256	1636 POND F101 GANNETT L JACKSONVIILE 32255	2.4C	ITY-ST-ZIP			<u>.</u>
TITLE	D	☐ DELETE	3.1 TI	re		Change	☐ Addition
NAME	BARTON, JAMES G		3.2 N	WE			1
STREET ADDRESS	40 CEDAR CREEK HIGHWAY 64	ŀΕ	3.3 ST	REET ADDRESS			
CITY-ST-ZIP	HIGHLANDS NC 28741		3.4. C	TY-ST-ZIP			
TITLE		☐ DELETE	4.1 TI			Change	☐ Addition
NAME			4. 2 N	AME			ļ
				REET ADDRESS			
STREET ADDRESS							1
CITY-ST-ZIP		☐ DELETE		TY-ST-ZIP		☐ Change	Addition
TITLE			5.1 TI	I		∟ change	
NAME			5.2 N	!			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP			_	TY-ST-ZIP			
TITLE		☐ DELETE	6.1 TI	TLE		☐ Change	☐ Addition
	1		62 N	ue i			

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 affactment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

D NAME OF SIGNING OFFICER OR DIRECTOR