FILE	E NOW: FILING	FEE AFTER	MAY 1ST IS	\$550.0)0			
PROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED 99 MAR 29 AM 9: 22		
1. Corporation	MENT # PC	80000657	750				99 MA SECR TALLA	R 29 AN STATE ETARY OF STATE AHASSEE, FLORIDA
Principal Plac	ce of Business	Mailin	g Address) 1902/1002 10401 (02/4 00/14 00/14 60/14 60/14 60/14 60/14 60/14 60/14 60/14 60/14 60/14 60/14 60/14 60/14	
158 WAKULLA ARRAN RD P O BOX 518 CRAWFORDVILLE FL 32326 CRAWFORDVILLE FL 32326							DO NOT WRITE	E IN THIS SPACE
2. Principal P	Place of Business	2a. M	ailing Address		<u></u>		3. Date Incorporated or Qualifed 07/27/1998 4. FEI Number	Applied For
21			26				621752558	Not Applicable
Suite, Apt. #, etc.			Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional
City & State			City & State				6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28	28				Trust Fund Contribution	Added to Fees
Zig 24 .	Country 25 9 Name and Addre	zij 29 ss of Current Registere					This corporation owes the currer Personal Property Tax Name and Address of New Re	[]Yes []No
•		as or current registers	su Agent	81	Name		To. Maine and Address of New Ad	Sistered Agent
	(s, w. dan Wakulla Arran Ri	`		82	Street	Addres	s (P.O. Box Number is Not Acceptab	le)
	WFORDVILLE FL 323			83				·
•							*** ** *	Tractical value of the second
1				84				FL 85 Zip Code
agent. I a	m familiar with, and acco	epthe obligations of Se	ction 607.0505, Flori	s, the above thorized by da Statutes	e-named the corp	Corporation	ation submits this statement for the p is board of directors. Thereby accept	urpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name	of registered agent and title if app	PWo/E Ricable (NOTE F	Registered Aper	t signature i	required w	hen reinstating)	DAIL
	·	FFICERS AND DIRECT	ORS []DELETE	13.		Ī	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 [Change [] Addition
TITLE NAME	D Oaks, w dan		[] שבננינב	1.1 TITLE 1.2 NAME		1		Ell charge Ell Addition
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	CRAWFORDVILLE F	L 32326		14 CITY-5	-ZIP		8000051	8312884
TITLE NAME	D Daks, Barbara I		☐ DELETE	2 1 TITLE 2 2 NAME			ーンサイリウ。 *****1.15	/9901096:-005 ^{Addition} 50.00 ****150.00
STREET ADDRESS				23 STREET	ADDRESS	ļ	WWW. 23	0.00 ****150.00
CITY-ST-ZIP	CRAWFORDVILLE F	L 32326		2 4 CITY-S	T-ZIP			
TITLE			[] DELETE	3.1 TITLE				[]Change []Addition
NAME STREET ADDRESS				32 NAME 33 STREET	ANNOCCO			
CITY-ST-ZIP				34 CITY-S				
TITLE			DELETE	41 TITLE		Ţ		[] Change [] Addition
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STREET ADDRESS				4.3 STREET				
TITLE			☐ DELETE	51 TITLE				[] Change [] Addition
NAME				52 NAME	į			
STREET ADDRESS				53 STREET				•
TITLE			[] DELETE	5.4 CITY-S 6.1 TITLE	I-ZIP		and the second s	[Change C Addulumb
NAME			F 1	6.2 NAME				Mar
STREET ADDRESS				63STREET	ADDRESS			3) U''

14. CITY-ST-ZIP

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 sinual report is true, and accurate and that my signature shall have the same tegal effect as if made under oath; that I am an officer or director of the corporation of 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:

1/5/99

926-4752 Daylor o Phoce #