

04291999-90009-036-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P98000068750</b>		
1. Corporation Name <b>MATCH STICK, INC.</b>		

Principal Place of Business 25 WALTER MARTIN ROAD FORT WALTON BEACH FL 32548	Mailing Address 25 WALTER MARTIN ROAD FORT WALTON BEACH FL 32548
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 C/O C. W. CLARY Suite, Apt. #, etc.
22 City & State 23 Zip 24 Country 25	27 P. O. BOX 778 City & State 28 SHALIMAR, FLORIDA 29 Zip 32579 30 OKALOOSA
9. Name and Address of Current Registered Agent GRIMSLY, JAMES W 25 WALTER MARTIN ROAD FORT WALTON BEACH FL 32548	

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90009 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/06/1998</b>	4. FEI Number <b>59-3527950</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10. Name and Address of New Registered Agent	
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL	85 Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARY, CHARLES W P.O. BOX 778 -NA- SHALIMAR FL 32579	<input type="checkbox"/> DELETE 1.1 TITLE PRESIDENT 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONEZZI, ROBERT A P.O. BOX 5497 -NA- DESTIN FL 32540	<input type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARY, CHARLES W III P.O. BOX 1395 -NA- DESTIN FL 32540	<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  <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  <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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with a officer like empowered.

SIGNATURE: *C. W. Clary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

Daytime Phone #

CR2E34 (11/98)