08101999-90016-031-$550.00-$550.00

99.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 10, 1999 8:00 am
Secretary of State
08-10-1999 90016 031 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000069243
Corporation Name
FOGLE AND SONS, INC.

Principal Place of Business	Mailing Address
9403 WALDSTRASSEE COURT ORLANDO FL 32859	P.O. BOX 593354 C/O E & M ENTERPRISES ORLANDO FL 32824

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9403 Waldstrasse CT	2a. Mailing Address 26 P O Box 593354	3. Date Incorporated or Qualified 08/10/1998	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 C/O E & M Enterprise	4. FEI Number	☒ Applied For ☐ Not Applicable
City & State 23 ORLANDO FL (ORANGE)	City & State 28 ORLANDO FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 32824 / 25	Zip / Country 29 32859 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOGLE, ELIJAH 9403 WALDSTRASSEE COURT ORLANDO FL 32859	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FOGLE, ELIJAH		1.2 NAME	
STREET ADDRESS	9403 WALDSTRASSEE COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32859		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FOGLE, MARY		2.2 NAME	
STREET ADDRESS	9403 WALDSTRASSEE COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32859		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

SIGNATURE: Mary Fogle MARY O Fogle 8/5/99 (407)854-5983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #