

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  
1999



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

DOCUMENT # *PG8080069757*

1. Corporation Name

*Awesome Services, Inc.*

Principal Place of Business

Mailing Address

*80 Becton Street P.O. Box 969  
Panacea, FL 32346 Panacea, FL 32346*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

*August 11, 1998*

4. FEI Number

*59-3526500*

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$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

*J. Joseph Hughes  
1017 Thomasville Road  
Tallahassee, FL 32303*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME *Chris Griffin*  
STREET ADDRESS *PO Box 969*  
CITY-STATE-ZIP *Panacea, FL 32346*

TITLE ☐ DELETE

NAME *Rhonda Griffin*  
STREET ADDRESS *PO Box 969*  
CITY-STATE-ZIP *Panacea, FL 32346*

TITLE ☐ DELETE

NAME *Chris Griffin*  
STREET ADDRESS *PO Box 969*  
CITY-STATE-ZIP *Panacea, FL 32346*

TITLE ☐ DELETE

NAME *Rhonda Griffin*  
STREET ADDRESS *PO Box 969*  
CITY-STATE-ZIP *Panacea, FL 32346*

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

**800003065988--4**

**-12/10/99--01004--017**

**\*\*\*150.00 \*\*\*150.00**

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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:

*Rhonda Griffin*

*Rhonda Griffin*

*11/13/99 (850) 509-7123*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

P.O. BOX 969 PANACEA, FL 32346

**AWESOME SERVICES, INC.**

November 16, 1999

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Annual Reports Filings  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

In an effort to process some paper work for us, our bank was informed last week that our corporation had been dissolved as a result of not filing an annual report. Upon being notified of this, I immediately called your office and spoke with Ms. Milligan.

Ms. Milligan said that the form had been mailed to our physical address and returned on two separate occasions. We do not receive mail at our physical address, it must be sent to our post office box. The forms were never forwarded to our agent.

In light of these facts, I am requesting that you reinstate our corporation, and wave all penalty fees. You will find attached our annual report and a check for \$150.00. Thank you very much for your assistance in this matter.

Sincerely,

*Rhonda Griffin*

Rhonda Griffin  
Vice-President

**A USER-FRIENDLY CORPORATION**