Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90017 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000080747

I. Corporation					į.		
A & L TO	OWING INC.				E PORTINGEN DIO CALAN PONTE ADDIT ADDIT ADDIT ADDIT		A(A)((400) (400)
Principal Place	of Business	Mailing Address			1 18811881 158 18181 18111 88111 88111 88111 88111	ikili kanı isalı d	trätt teer reer
12900 STARKEY ROAD 12900 STARKEY ROAD							
UNIT 1 UNIT 1					DO NOT WRITE IN THIS SPACE		
LARGO FL 33773 LARGO FL 33773					3. Date Incorporated or Qualified		
					09/14/1998		
Principal Place of Business 2a. Mailing Address				4, FEI Number	 	plied For	
21 26					59-3532385		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, 22		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year In		⊠ íNo
24	25	29 3	0		Personal Property Tax. 10. Name and Address of New Registered		DEINO
	9. Name and Address of Current	Registered Agent	81	Name	10. Haile and Address of New Neglatered	Agent	
LEDFORD, CLARENCE 11110 ELMHURST DRIVE PINELLAS PARK FL 33782			82	Street Add	dress (P.O. Box Number is Not Acceptable)	<u>. </u>	
			83	<u> </u>			
	· ·						
			84	1	<u>" FL</u>	85 Zip C	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was auth	horized by	the corporati	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	l changing its intment as reç	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent				red when reinstating) DATE		!
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTO	RS IN 12
TITLE	р	☐ DELETE	1.1 TITLE		•	☐ Change	☐ Addition
NAME	Clarence E. Ledford		1.2 NAME	}	·		
STREET ADDRESS	RESS 11110 Elmhurst Drive		1.3 STREET	T ADDRESS	•		į
CITY-ST-ZIP	Pinellas Park, FL 33782-2033		1.4 C/TY-S1	T-ZIP			
TITLE	VTS DELETE		2.1 TITLE			Change	☐ Addition
NAME	Mary E. Ledford		2.2 NAME	ĺ	*		
STREET ADDRESS	11110 Elmhurst Drive Pinellas Park, FL 33782-2033		2.3 STREET	T ADDRESS			}
CITY-ST-ZIP	Pinellas Park, I		2. 4 CITY-S	ST-ZIP	·	Change	☐ Addition
TITLE		☐ DELETE	3.1 TITLE			Change	□ Addition
NAME			3.2 NAME	T 4000000	· ,		
STREET ADDRESS			3.3 STREET	Į.			
CITY-\$1-ZIP		☐ OELETE	3.4. CITY-S 4.1 TITLE	51-ZIP	•	☐ Change	Addition
TITLE	•	C SEELE	4. 2 NAME				_
NAME STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY- S	1			
TITLE		☐ DELETE	5.1 TITLE	1-211		Change	Addition
NAME			5.2 NAME				i
STREET ADDRESS			5.3 STREET	TADORESS			·
CITY-ST-ZIP			5.4 CITY-ST	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	j			

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 all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP