HER HOM, HEIMOTER ALTERNATION OF

PROFIT



FLORIDA DEPARTMENT OF STATE

FILED May 10, 1999 8:00 am Secretary of State

ANNL	JAL REPORT 1999		Kather Secreta DIVISION OF	05-10-	1999 90121 032 *	**150.00		
T. Corporation	MENT # PG n Name PRINGS, INC.	800008	5030		i degrada de la cidita della escul			
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Principal Place			ailing Address					=.
RT. 5. BOX 142 OUINCY FL 323			. 5, BOX 142 C JINCY FL 32351			RITE IN THIS SPACE		=: =: =:
					3. Date Incorporated or Qualifer	d .	ſ	
2. Principal P	lace of Business	2a.	. Mailing Address		10/05/1998 4. FEI Number	- A	plied For	里:
21		26	• • • •		58-2423356		t Applicable	 = :
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.	, .	5. Certificate of Status Desired		Additional equired	
City & State	e		City & State		6. Election Campaign Financing		May Be	
23		28	Zip	Country	8. This corporation owes the cu		to Fées	
Zip 24	Country [25]	29	Zip	30	Personal Property Tax.	Yes	□No	1
	9. Name and Addre		tered Agent		10. Name and Address of New	Registered Agent		- 1
	55444 5545 6		_	81 Name			į	
ANDERSON, BRUCE P				82 Street Add	dress (P.O. Box Number is Not Accep	table)		
522 N. ADAMS ST.								P i
l TARE	MUNCOUN IN 1992AN			100				a i
TALL	LAHASSEE FL 32301			83		·		
}				84 City			Code	
}		ions 607.0502 and 6 in the State of Floric pt the obligations of	07.1508, Florida Statu da. Such change was , Section 607.0505, Fl	84 City	rporation submits this statement for thice's board of directors. I hereby acc		•	Company to the same
11. Pursuant office or n agent. I a	to the provisions of Sect egistered agent, or bath, in familiar with, and acce			84 City tes, the above-named corporate the corporate that the corporat	rporation submits this statement for th tion's board of directors. I hereby acc	e purpose of changing its ept the appointment as re	•	
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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 informati 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.

SIGNATURE:	How Mill	POTED HAJE OF BIOMING OFFICER ON SIRECTOR
SIGNATURE:	SIGNATURE AND TYPED OR P	BOTTED HAME OF SIGNING OFFICER OR DIRECTOR