PROFIT CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90159 006 ***150.00

	AED !!		_									
DOCUN 1. Corporation	MENT # P98000	08586	5				_					
•	JILDERS, INC.											
X 4							L arnas i (LEN ANN TALL			
						_			FILM (1) H 13/1		ia diiai bii ibi	ţ
Principal Place		Mailing Address										
318 ALABAMA FORT ST. JOE I	avenue Beach Fl. 32456	7318 ALABAMA AVENUE PORT ST. JOE BEACH FL 32456						DO NOT WE	OTE IN THE	COACE		
						1.0	late Incomora	ted or Qualife		STACE		7
							0/05/1998		-			
2. Principal Pia	ace of Business	2a. Mailing	Address			4. F	El Number		7/	——	Applied For	\Box
1		26 Suite, Apt. #, etc.				59	59-3535291			Not Applicable \$8.75 Additional		•
Suite, Apt_£	l etc	<u> </u>	pt. #, etc.		·	5. C	Certificate of S	tatus Desired		,	Required	_]
City & State		27 City & S	tate	-		6. E	lection Camp	aign Financin	a. U	\$5.0	O May Be	- -
3		28					rust Fund Co				to Fees	4
Zip	Country	Zip	r:	Country	f		his corporation	on owes the co	irrent year ir	ntangible Yes	No	
, <u> </u>	9. Name and Address of Curren	29 An	ent 3	<u> </u>				dress of New	Registered			_
	a. Name and Address of Current	it staffestoren vill		81	Name							
	TIN, CHARLES A ESO			82	Street Add	ress (P.C). Box Numbe	er is Not Acce	otable)	•		_
413 WILLIAMS AVENUE												-{
PUXI	r St. Joe FL 32456			83								_
				84	City				FI	85 Zij	Code	
					i .						le registered	
d Gumunat	the anni-less of Sections 607 060	2 and 607 1508	Florida Statutes	the abov	e-named con	poration :	submits this s	tatement for the	e purpose d	or changing i	re redistrated	
	o the provisions of Sections 607.050 agistered agent, or both, in the State					poration : ion's boa	submits this s rd of directors	tatement for the statement for the statement of the state	ept the appo	ointment as	registered	
office or re agent. I an	to the provisions of Sections 607.050 sgistered agent, or both, in the State in familiar with, and accept the obligations of the colligation of the collinear of the colligation of the collision of the colligation of the collinear of the collision of the colligation of the collision of the collinear of the collinear of the collision of the colli					poration : ion's boa	submits this s rd of directors	tatement for the state of the s	e purpose of the appointment of	or changing i sintment as	registered	
office or re agent. I an	egistered agent, or both, in the State on familiar with, and accept the obligation of regretary typed of printed name of regretared agent	of Florida. Such of tions of, Section of and title if applicable.	607.0505, Florid	ta Statutes		no i si boa	netabng)		DATE			
office or re agent. I an BIGNATURE	ogistered agent, or both, in the State in familiar with, and accept the obligat Signature, typed or printed name of regulated agen OFFICERS AN	of Florida, Such of tions of, Section of and title if applicable.	Change was action 607.0505, Florid	fa Statutes). 	no i si boa	netabng)	tatement for the statement of the statem	DATE		FORS IN 12	
office or re agent. I an SIGNATURE 12.	ogistered agent, or both, in the State in familiar with, and accept the obligation of printed name of regulated agent OFFICERS AN PD	of Florida, Such of tions of, Section of and title if applicable.	607.0505, Florid	ta Statutes legistered Age 13. 1.1 TRILE). 	no i si boa	netabng)		DATE	NO DIRECT	FORS IN 12	
office or reagent. I an	ngistered agent, or both, in the State in familiar with, and accept the obligation of printed name of registered agent OFFICERS AN PD ROYAL, ALAN WAYNE	of Florida, Such of tions of, Section of and title if applicable.	Change was action 607.0505, Florid	la Statutes legisiered Age 13. 1.1 TITLE 1.2 NAME). 	no i si boa	netabng)		DATE	NO DIRECT	FORS IN 12	
office or reagent. I an	ogistered agent, or both, in the State in familiar with, and accept the obligation of printed name of regulated agent OFFICERS AN PD	of Florida, Such of tions of, Section of and title if applicable.	Change was action 607.0505, Florid	la Statutes legisiered Age 13. 1.1 TITLE 1.2 NAME	nt signature require	no i si boa	netabng)		DATE	ND DIRECT	FORS IN 12	9 (41,08)
office or reagent. I an agent. I an agent. I an agent. I an agent a large agent agen	ngistered agent, or both, in the State in familiar with, and accept the obligation of processing the obligation of the o	of Florida. Such of tions of, Section of the sectio	Change was action 607.0505, Florid	agistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature require	no i si boa	netabng)		DATE	NO DIRECT	FORS IN 12	9 (41,08)
office or reagent. I are agent. I are agent. I are signature. 12. III.E	pgistered agent, or both, in the State in familiar with, and accept the obligate of period name of registered agent of PD ROYAL, ALAN WAYNE 7318 ALABAMA AVENUE PORT ST. JOE FL 32456 VPD GILBERT, WILLARD PAUL	of Florida. Such of tions of, Section of the sectio	(NOTE: A	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 C/TY-S 2.1 TITLE 22 NAME	nt signature require T ADDRESS	no i si boa	netabng)		DATE	ND DIRECT	FORS IN 12	9 (90,444,000)
Office or reagent. I are agent. I are agent. I are signature. 12. ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE AME ITLE AME	pgistered agent, or both, in the State in familiar with, and accept the obligate of period name of registered agent of PD ROYAL, ALAN WAYNE 7318 ALABAMA AVENUE PORT ST. JOE FL 32456 VPD GILBERT, WILLARD PAUL 108 WESCOTT CIRCLE	of Florida. Such of tions of, Section of the sectio	(NOTE: A	a Statutes at Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS	no i si boa	netabng)		DATE	ND DIRECT	FORS IN 12	9 (90,444,000)
Office or reagent. I are agent. I are signature. 12. ITLE	pgistered agent, or both, in the State in familiar with, and accept the obligate of period name of regulared agent of PD ROYAL, ALAN WAYNE 7318 ALABAMA AVENUE PORT ST. JOE FL 32456 VPD GILBERT, WILLARD PAUL 108 WESCOTT CIRCLE PORT ST. JOE FL 32456	of Florida. Such of tions of, Section of the sectio	(NOTE: F	egistored Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-	T ADDRESS	no i si boa	netabng)		DATE	ND DIRECT	FORS IN 12 Addition	90 Sept. 100 Sep
Office or reagent. I are agent. I are agent. I are sign. ATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 11. 12. 11. 12. 11. 12. 11. 12. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16	pgistered agent, or both, in the State in familiar with, and accept the obligate of period name of regulared agent of the obligation of th	of Florida. Such of tions of, Section of the sectio	(NOTE: A	a Statutes at Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS	no i si boa	netabng)		DATE	Chang	FORS IN 12 Addition	98 89 89 89 89 89 89 89 89 89 89 89 89 8
Office or reagent. I are agent. I are agent. I are sign. I are sig	pgistered agent, or both, in the State in familiar with, and accept the obligate of period name of regulared agent of the obligation of th	of Florida. Such of tions of, Section of the sectio	(NOTE: F	In Statutes In Sta	T ADDRESS	no i si boa	netabng)		DATE	Chang	FORS IN 12 Addition	90 Sept. 100 Sep
office or reagent. I are agent. I are signature. 2. TILE AME TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS	pgistered agent, or both, in the State in familiar with, and accept the obligate of period name of regulared agent of the obligation of th	of Fiorida. Such of tions of, Section in and other if applicable.	OFLETE DELETE DELETE	In Statutes In Sta	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	no i si boa	netabng)		DATE	UND DIRECT Change	FORS IN 12 B Addit	ou ou ou
Office or reagent. I are agent. I are agent. I are signature. 12. ITLE ITLE	pgistered agent, or both, in the State in familiar with, and accept the obligated for period of proceed agent of the policy of t	of Fiorida. Such of tions of, Section in and other if applicable.	(NOTE: F	In Statutes In St	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	no i si boa	netabng)		DATE	Chang	FORS IN 12 B Addit	ou ou ou
Office or reagent. I are agent. I are agent. I are signature. 2. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME	pgistered agent, or both, in the State in familiar with, and accept the obligated for period of proceed agent of the policy of t	of Fiorida. Such of tions of, Section in and other if applicable.	OFLETE DELETE DELETE	In Statutes In St	T ADDRESS	no i si boa	netabng)		DATE	UND DIRECT Change	FORS IN 12 B Addit	ou ou ou
Office or reagent. I are agent. I are signature. 2. TILE AME TREET ADDRESS TY-ST-ZIP TILE AME	pgistered agent, or both, in the State in familiar with, and accept the obligated for period of proceed agent of the policy of t	of Fiorida. Such of tions of, Section in and other if applicable.	OFLETE DELETE DELETE	In Statutes In Sta	T ADDRESS TT ADDRESS TT ADDRESS TT ADDRESS TT ADDRESS TT ADDRESS TT ADDRESS	no i si boa	netabng)		DATE	UND DIRECT Change	FORS IN 12 B Addit	ou ou ou
Office or reagent. I are agent.	pgistered agent, or both, in the State in familiar with, and accept the obligated for period of proceed agent of the policy of t	of Fiorida. Such of tions of, Section in and the If applicable. ID DIRECTORS	DELETE DELETE DELETE	In Statutes 13. 1.1 TITLE 12 NAME 13 STREE 14 CITY-S 21 TITLE 22 NAME 24 CITY- 3.1 TITLE 32 NAME 3.3 STREE 34. CITY- 4.1 TITLE 4 2 NAME 4.3 STREE 4 CITY-S 4.1 TITLE 4 2 NAME 4.3 STREE 4 CITY-S	T ADDRESS TT ADDRESS TT ADDRESS TT ADDRESS TT ADDRESS TT ADDRESS TT ADDRESS	no i si boa	netabng)		DATE	UND DIRECT Change	FORS IN 12 B Addit	ou ou ou ou
Office or reagent. I are agent. I are agent. I are some of the agent. I are some of the agent and agent agen	pgistered agent, or both, in the State in familiar with, and accept the obligated for period of proceed agent of the policy of t	of Fiorida. Such of tions of, Section in and the If applicable. ID DIRECTORS	OFLETE DELETE DELETE	In Statutes In Sta	T ADDRESS TT ADDRESS TT ADDRESS TT ADDRESS TT ADDRESS TT ADDRESS TT ADDRESS	no i si boa	netabng)		DATE	UND DIRECT Change Change	FORS IN 12 B Addit	ou ou ou ou
Office or reagent. I are agent.	pgistered agent, or both, in the State in familiar with, and accept the obligated for period of proceed agent of the policy of t	of Fiorida. Such of tions of, Section in and the If applicable. ID DIRECTORS	DELETE DELETE DELETE	In Statutes 13. 1.1 TITLE 12 NAME 13 STREE 14 CITY-S 21 TITLE 22 NAME 23 STREE 24 CITY- 1.1 TITLE 32 NAME 33 STREE 34. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 52 NAME	T ADDRESS TT ADDRESS TT ADDRESS TT ADDRESS TT ADDRESS TT ADDRESS TT ADDRESS	no i si boa	netabng)		DATE	UND DIRECT Change Change	FORS IN 12 B Addit	on C
Office of reagent. I are agent.	pgistered agent, or both, in the State in familiar with, and accept the obligated for period of proceed agent of the policy of t	of Fiorida. Such of tions of, Section in and the If applicable. ID DIRECTORS	DELETE DELETE DELETE	In Statutes 13. 1.1 TITLE 12 NAME 13 STREE 14 CITY-S 21 TITLE 22 NAME 23 STREE 24 CITY- 1.1 TITLE 32 NAME 33 STREE 34. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 52 NAME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS	no i si boa	netabng)		DATE	Change Change	FORS IN 12 B Addit C Addit Addit Addit	on on on
Office of reagent. I are agent. I are agent. I are agent. I are street address of the st	pgistered agent, or both, in the State in familiar with, and accept the obligated for period of proceed agent of the policy of t	of Fiorida. Such of tions of, Section in and title if applicable. ID DIRECTORS	DELETE DELETE DELETE	In Statutes 13. 1.1 TITLE 12 NAME 13 STREE 14 CITY- 22 NAME 23 STREE 24 CITY- 3.1 TITLE 32 NAME 32 NAME 42 NAME 42 NAME 43 STREE 44 CITY- 51 TITLE 52 NAME 53 STREE 54 CITY- 6.1 TITLE 52 TITLE 52 NAME 53 STREE 54 CITY- 6.1 TITLE	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS	no i si boa	netabng)		DATE	UND DIRECT Change Change	FORS IN 12 B Addit	on on on
Office of reagent. I are agent. I are agent. I are agent. I are to the street adoress city-st-zip title wake street adoress city-st-zip title street adoress city-st-zip title street adoress city-st-zip title	pgistered agent, or both, in the State in familiar with, and accept the obligated for period of proceed agent of the policy of t	of Fiorida. Such of tions of, Section in and title if applicable. ID DIRECTORS	DELETE DELETE DELETE	In Statutes 13. 1.1 TITLE 12 NAME 13 STREE 14 CITY-S 2.1 TITLE 22 NAME 23 STREE 32 NAME 32 NAME 34 CITY-S 4.1 TITLE 42 NAME 43 STREE 44 CITY-S 5.1 TITLE 52 NAME 53 STREE 54 CITY-S 6.1 TITLE 52 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	no i si boa	netabng)		DATE	Change Change	FORS IN 12 B Addit C Addit Addit Addit	on on con con con con con con con con co
office or re agent. I an	pgistered agent, or both, in the State in familiar with, and accept the obligated for period of proceed agent of the policy of t	of Fiorida. Such of tions of, Section in and title if applicable. ID DIRECTORS	DELETE DELETE DELETE	In Statutes 13. 1.1 TITLE 12 NAME 13 STREE 14 CITY-S 2.1 TITLE 22 NAME 23 STREE 32 NAME 32 NAME 34 CITY-S 4.1 TITLE 42 NAME 43 STREE 44 CITY-S 5.1 TITLE 52 NAME 53 STREE 54 CITY-S 6.1 TITLE 52 NAME	T ADDRESS	no i si boa	netabng)		DATE	Change Change	FORS IN 12 B Addit C Addit Addit Addit	on on con con con con con con con con co