PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

<b>DOCUMENT #</b>	P98000087702

## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90093 009 \*\*\*150.00

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SIEPHE	N C. PU	ITER: INC.	-			•	T CHANGES! LIM TREM LEGIS MONT AGIST MOUT DOIL	1 194)( 1 <b>5</b> 14) 1897) 1	EF12 4183 +8 8)
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•		<b>13</b>	_			•			
4176 LAZY ACRE ROAD 4176 LAZY ACRE ROAD MIDDLEBURG FL 32068 MIDDLEBURG FL 32068									
WIDDECOONO I	L 02000		mic o LLo				DO NOT WRITE IN TH	S SPACE	
							3. Date incorporated or Qualifed		
							10/09/1998		
= · ····•				ing Address			4. FEI Number 69-22997/	7/- <del>       </del>	plied For
<u> </u>			26				1 11/01/1/0	\$8.75 A	t Applicable
Suite, Apt. #, etc.			<del></del>	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re	
22				City & State			a Florida Comanina Financian \$5.00 service		
City & Stat	( <del>e</del>			City & State			Election Campaign Financing     Trust Fund Contribution     Added to Fees		
Zip		. Country	Zip	Zip Country			8. This corporation owes the current year I	ntangible	
<u> </u>		25	29	— — — — — — — — — — — — — — — — — — —			Personal Property Tax.		
<u> </u>	9 Name	and Address of Cu		Agent	16-1		10. Name and Address of New Registere	d Agent	
				<u></u>		81 Name	· · · · · · · · · · · · · · · · · · ·		
POT	TER, STEP	HEN C			1	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
4176	6 LAZY AC	re road				30001700	mass (r.o. box number to not recognition)		
MIDI	DLEBURG	FL 32068			1	83			
					İ	84 City		. 85 Zip (	ode
				_	. \	- 1	pointion submits this statement for the purpose ion's board of directors. I hereby accept the app	L } 1	
SIGNATURE	Signature, type	d or printed name of registered	agent and title if applice AND DIRECTOR		: Registered .	Agent signature requir	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	RS IN 12
12	DP	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	1.1 111	LE		☐ Change	☐ Addition
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STY-ST-ZIP		URG FL 32068			1.4 01	Y-ST-ZIP	<u></u>		
TILE	***************************************			DELETE	2.1 711	LE		☐ Change	Addition
WE	1				22 NA	VE			
STREET ADDRESS	3				23 ST	REET ADDRESS			
CITY-ST-ZIP				<u> </u>	2.4 Cf	TY-\$T-ZIP			
TITLE				DELETE	3.1 111	LE		☐ Change	Addition
NAME					3.2 NA	ME	•		
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CITY-ST-ZIP	<u> </u>			- December		Y-ST-ZIP -	The state of the s	Change	Addition
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NAME .		· · · ·				REET ADDRESS			
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CITY-ST-ZIP	ļ			DELETÉ	6.1 TIT			Change	☐ Addition
TITLE	1			C) DELETE	6.2 NA	1			
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STREET ADDRESS	1				1	Y-ST-29P			

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.

SIGNATURE:

SERVICE AND TYPES OF PROTECTION AND OF SIGNING OFFICER OF DIRECTION

4-9-99 904-252-985