PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

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١	1611	S.	MAIN	STR	EET

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90102 003 ***150.00

	1999	DIVISION OF CO	JKFUR						
DOCUN 1. Corporation	MENT # P98000	091691					-		
KEVIN JE	EFFERS, INC.						~		
	《美国教教》								
Principal Place	of Business	Mailing Address							
1611 S. MAIN S		1611 S. MAIN STREET					• •		
GAINESVILLE FI	32601	GAINESVILLE FL 32901			DO NOT WE	ITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 10/28/1998	T			
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		_ `	plied For	
21	·	26		 :	59-35 39086	7		t Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	quired	
City & State	3	City & State		~	6. Election Campaign Financing		\$5.00 Added t	· .	
23		28 Zin	Cour	try	Trust Fund Contribution B. This corporation owes the cu	mont year Inta		01668	
Zip	Country	Zip G		шу	Personal Property Tax.	nen year me	Yes	□No	
24	9. Name and Address of Curren		100		10. Name and Address of New	Registered /	Agent		
	o. Hanta and Addiese or derive.			81 Name				1	
JEFF	ERS, KEVIN		}	B2 Street Addi	ress (P.O. Box Number is Not Accep	table)			
	s. Main street								
GAIN	IESVILLE FL 32601	_	l	83		おもに	· .	1	
			ŀ	84 City		FL	85 Zip (Code	
			- the sh	ave named com	position submits this statement for th		changing its	registered	
11. Pursuant i	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change was aut	norized	by the corporati	on's board of directors. I hereby acc	opt the appoir	itment as re	gistered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statu	l 03 .				J	
SIGNATURE	Signature, typed or printed name of registered ager	NAT D		gent signature require					
		nt and the at applicable. (NOTE: R	Legistered /		d when reinstating)	DATE			ଚ୍ଚ
12.	OFFICERS AN	ID DIRECTORS	13.	·	ADDITIONS/CHANGES TO O				1/98
TITLE	OFFICERS AND		13.	Ę .	ADDITIONS/CHANGES TO O		D DIRECTO	RS IN 12	4 (11/98)
		ID DIRECTORS	13. 1.1 T/II 1.2 NA	E E	ADDITIONS/CHANGES TO C				034 (11/98)
TITLE	D Jeffers, Kevin 1611 S. Main Street	ID DIRECTORS	13. 1.1 TIII 1.2 NAI 1.3 STE	E Æ EET ADORESS	ADDITIONS/CHANGES TO C				2E034 (11/98)
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D Jeffers, Kevin	ID DIRECTORS	13. 1.1 TIII 12 NAI 13 STE 14 CIT	E ME EET ADORESS (-ST-ZIP	ADDITIONS/CHANGES TO C				CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D Jeffers, Kevin 1611 S. Main Street	ID DIRECTORS	13. 1.1 TITI 12 NAV 1.3 STE 1.4 CIT 2.1 TITI	E EET ADDRESS Y-ST-ZIP	ADDITIONS/CHANGES TO C		Change	Addition	CR2E034 (11/98)
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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). Floride Statutes. I further certify that the information indicated on this annual report or suppliemental applical 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 economic or the economic of the corporation or the economic of the empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on any appearance with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE

Designed OF PRINTED NAME OF BIOMENO OFFICER OR DIRECTOR