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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000096152

1. Corporation Name

PRETTY POND ACRES, INC.

Principal Place of Business

35310 HWY. 54 W.
ZEPHYRHILLS FL 33541

Mailing Address

35310 HWY. 54 W.
ZEPHYRHILLS FL 33541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1998

4. FEI Number

59-3541722

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 City & State

Zip

24 Zip

Country

25 Country

Zip

26 Zip

Country

30 Country

9. Name and Address of Current Registered Agent

HILL, CARL D
35310 HWY. 54 W.
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME HILL, CARL D
STREET ADDRESS 35310 HWY. 54 W.
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE D ☐ DELETE

NAME HILL, KIMBERLY A
STREET ADDRESS 35310 HWY. 54 W.
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE DV ☐ DELETE

NAME RYMAN, NELSON L
STREET ADDRESS 38819 OTIS ALLEN RD.
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE D ☐ DELETE

NAME RYMAN, DOTTIE A
STREET ADDRESS 38819 OTIS ALLEN RD.
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE ST ☐ DELETE

NAME OSTERMANN, KEITH
STREET ADDRESS 10439 LAMSON RD.
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

813-782-7705

Date

Daytime Phone #

CR2E034 (1/98)