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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99-00 AR

PROFIT CORPORATION
ANNUAL REPORT
1999



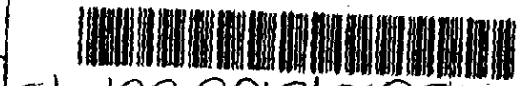
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000098264

1. Corporation Name
ELI, INC.

Principal Place of Business
4001 EMERALD COAST PARKWAY
DESTIN FL 32541

Mailing Address
4001 EMERALD COAST PARKWAY
DESTIN FL 32541



5/6/99 90121010 150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/23/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3562826	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country		Country		7. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	
8. Name and Address of Current Registered Agent MATTHEWS, DANA C 807 HIGHWAY 98 EAST DESTIN FL 32541				9. Name and Address of New Registered Agent	
				a1. Name	
				a2. Street Address (P.O. Box Number is Not Acceptable)	
				a3.	
				a4. City	
				a5. Zip Code	

Pursuant to the provisions of Sections 807.0502 and 807.1504, 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 807.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and their is acceptable) (NOTE: Registered Agent signature required when reappointing)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition	PRESIDENT EDWARD T. JOHNSON 307 OSCOLA COURT NORVILLE, FL 32578 9000031286 -02/03/00--01010--005 ****150.00 ****150.00
☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition	
☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address, with all over the empowered.

SIGNATURE: _____
Edward T. Johnson

4/28/99 1850854-7211