PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Apr 19, 1999 8:00 am Secretary of State 04-19-1999 90046 038 ***150.00

	199 9			DIVISION OF						
DOCU	MENT # F	980001	0291	5						
	Country 28 Country 29 30 8. Name and Address of Current Registered Agent TINER, CHRIS W. MAIN ST. E BUTLER FL 32054 81 Name and Address of Current Registered Agent TINER, CHRIS W. MAIN ST. E BUTLER FL 32054 82 Spreaux, typed or protect name or registered sport and the if applicable. OFFICERS AND DIRECTORS DELETE 1.1 TILE 1.2 NAME 1.3 STREET ADDRES 1.4 TITLE 1.5 NAME 1.5 Spreaux, typed or protect name or registered sport and the if applicable. OFFICERS AND DIRECTORS DELETE 1.1 TILE 1.2 NAME 1.3 STREET ADDRES 3.4 CITY-ST-2P DELETE 1.1 TILE 1.2 NAME 1.3 STREET ADDRES 3.4 CITY-ST-2P DELETE 1.1 TILE 1.2 NAME 1.3 STREET ADDRES 3.4 CITY-ST-2P DELETE 1.1 TILE 1.1 TILE 1.2 NAME 1.3 STREET ADDRES 3.4 CITY-ST-2P DELETE 1.1 TILE 1					ļ				
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Salarah at Dina	- of Rusinana		Mailing Ad	drass)	
Principal Plac 75 W. MAIN ST			-					\ 		
KE BUTLER F								DO NOT WRITE IN THIS SPACE		
	•							1	3. Date incorporated or Qualifed	
								\	12/10/1998	
. Principal P	lace of Business		2a. Mailing	Address					4. FEI Number Applied For	
]								-+	59-3546/90 Not Applicate \$8.75 Additional	
Suite, Apt.	#, etc.	—				5. Cer		5. Certificate of Status Desired . Fee Required .		
Cit / & Stat	te			State					6. Election Campaign Financing \$5.00 May Be	
<u> </u>								_4	Trust Fund Contribution Added to Fees	
Zip		untry			$\overline{}$	ntry		ļ	This corporation owes the current year Intançible Personal Property Tax. I Yes	
		ddraug of Current		ment	[30]	_			10. Name and Address of New Registered Agant	
····	9. Name and A	duress of Carrent	vafista ao vi	Heire		81	Name			
						82	Street A	ddres	ss (P.O. Box Number is Not Acceptable)	
275 W. MAIN ST.										
LAKE BUTLER FL 32054										
						84	City		FL 85 Zip Code	
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 227 1500	Marcia State	too tho o		2 000001	~~~	ration submits this statement for the number of changing its registers	
11. Pursuant office or	t to the provisions of registered agent, or	Sections 607.0502 both, in the State of	f Florida. Such	change was	authorized	by	the corpor	ration	's board of directors. I hereby accept the appointment as registered	
agent. I a	am familiar with and	accept the obligati	ons of, Section	607.0505, FI	onda Stat	utes.	•			
SIGNATURE	Stonature, typed or printer	name of registered agricult	and title if applicable	. (NOT	5: Registered	Agent	i signatura rec	quired w	etten reinstating) DATE	
2.									ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
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STREET ADDRESS	s					πy-sī	- 1			
CITY-ST-ZIP	1		- 4-1 - 65 - 4					In Sa	ection 119 07(3)(i) Florida Statutes, I further certify that the information	

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, it turner certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, it turner certify that it are indicated on this annual report or supplied under call; that I am an indicated on this annual report or supplied with the empowered by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address, with all other like empowered.

SIGNATURE:

KRE REQUIRED