

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

05-04-1999 90011 023 ***150.00

DOCUMENT # P98600103392 ✓

1. Corporation Name

FLORIDA STATE Equity GROUP, INC.

Principal Place of Business

Mailing Address

3225 S. MAC DILL #209
TAMPA, FL 33629

Same

4/5310 - 90011 - 23

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/98

2. Principal Place of Business

2a. Mailing Address

21 3225 S. MAC DILL

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #209

27

City & State

City & State

23 TAMPA, FL

28

Zip Country

Zip Country

24 33629 25 USA

29 30

4. FEI Number

59-3541087

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVID PIPPIN
3225 S. MAC DILL #209
TAMPA, FL 33629

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)

4/18/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE
NAME LARRY D. ODUM

STREET ADDRESS

CITY-ST-ZIP

TITLE Vice President ☐ DELETE

NAME DAVID PIPPIN

STREET ADDRESS 3225 S. MAC DILL #209

CITY-ST-ZIP TAMPA, FL 33629

TITLE TREASURER ☐ DELETE

NAME DAVID PIPPIN

STREET ADDRESS 3225 S. MAC DILL #209

CITY-ST-ZIP TAMPA, FL 33629

TITLE Secretary ☐ DELETE

NAME DAVID PIPPIN

STREET ADDRESS 3225 S. MAC DILL #209

CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

4/18/99

Date

83 805 9448

Daytime Phone #

CR2E034 (11/98)