**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000103718

C & J SOWELL, INC.

## **FILED** Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90030 018 \*\*\*158.75



Principal Place of Business	Mailing Address	\	יספר מפו ופפון ומפסר אווו ספופט נופע ומוסב אופן אוופט וופט וויים אווים אווים אווים אווים אווים ביו ומפוופטו נ
LYNN HAVEN YACHT CLUB	LYNN HAVEN YACHT CLUB	- j	
1408 GEORGIA AVE.	1408 GEORGIA AVE.	· v	DO NOT WOLFE IN THE COACE
LYNN HAVEN FL 32444	Lynn haven fl 32444	/	DO NOT WRITE IN THIS SPACE
		`	3. Date Incorporated or Qualifed
2 District Class of Business	Do Adollio Address		12/14/1998 4. FEI Number Applied For
2. Principal Place of Business	2a, Mailing Address		4. FEI Number Applied For Not Applicable
Suite: Apt. #, etc.	Suite, Apt. #, étc.	<u> </u>	\$8.75 Additional
22	27		5. Certificate of Status Desired Fee Required .
City & State	City & State	<del></del>	8. Election Campaign Financing \$5.00 May 8e
23	- 28		- Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year intangible
24 25	29 30	7	Personal Property Tax. Yes No
9. Name and Address of Current	<del>-  </del>		10. Name and Address of New Registered Agent
	,	81 Name	
SOWELL, CATHY		82 Street Addre	ess (P.O. Box Number is Not Acceptable)
4132 EDWARDS RD.		July 30 cot Addie	100 (F.O. DOX INDITION IN 1900 PROPERTY
SOUTHPORT FL 32409		83	· · · · · · · · · · · · · · · · · · ·
•		94 6	85 Zip Code
		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 prioted name of registered agent	and title if applicable. (NOTE: Ro	gistered Agent signature required	when remainting) DATE @
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Maddition  Change Maddition  Change Maddition  Change Maddition  Change Maddition
TILE	☐ DELETE	1.1 TILE 3	☐ Change ☑ Addition 😳
NAME		12 NAME	rok Sowell _ ,   B
STREET ADDRESS		1.3 STREET ADDRESS	32 Edwards Road
CITY-SY-ZIP		14 CTTY-ST-ZP 50	4thport PL 33409
mle	☐ DELETE	2.1 TIME V ~	Change CAddition C
NAME		22NAME CA	thy L. Sowell
STREET ADDRESS		23 STREET ADDRESS	32 Edwards Road
CITY-ST-ZIP		2.4CTY-ST-ZIP	outhort fr 32469
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	1	3.2 NAME	1
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.FTTLE	☐ Change ☐ Addition
NAME	i	4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	) ;
CITY-ST-ZIP		4.4 CTTY-ST-ZIP	
IIILE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	[ '
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TILE	☐ Change ☐ Addition
NAME		62 NAME	<b>,</b> (
STREET ADDRESS		6.3 STREET ADDRESS	į,
CITY-ST-ZIP		64 C/TY-ST-ZIP	ording 410 07/3/6) Florida Standage I further cartify that the information

I nereby 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 informati 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 Achanged, or on an attachment with an address, with all other like empowered.