FILE NOW: FILE	NG	FEE AFTER	MAY	1ST	IS	\$550.00
PROFIT CORPORATION	•		FLOF			TMENT OF S

ANNUAL REPORT 1999



TATE Secretary of State

DIVISION OF CORPORATIONS

99 JUN 11 AM 8:56

OF STATE

** ***********************************	MENT # P98000 NDUSTRIES, INC	104299		TALLAHASSEE, FLORIDA	
'	ce of Business	Mailing Address			<u> </u>
1030 SHADICK ORANGE CITY		1030 SHADICK DRIVE ORANGE CITY FL 32763			
		• • • • • • • • • • • • • • • • • • • •		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed 12/14/1998	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-354/6229	Not Applicable
Suite, Apt	. T, etc.	Suite, Apt. If, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ile.	City & State		6 Flatin County Flat and	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	<del></del>
24	25		30	Personal Properly Tax.	Yes DNo
- <u>-</u>	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registers	d Agent
1/51	V ANDDEW		81 Name		,
	LY, ANDREW		82 Street Ad	dross (P.O. Box Number is Not Acceptable)	
	) Shadick drive NGE City FL 32763				·
ONA	INGE CITT PL 32/03		83		
			84 City		, 85 Zip Code
		•		rporation submits this statement for the purpose	L
SIGNATURE	Signature, typed or printed name of registered agei	it and title of applicable. (NOTE:	Registered Aljant signature requi	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE	P, 1,5,0	Change Addition
NAME	KELLY, ADNREW		1.2 NAME	KELLY, ANDREW	. •
STRUET ADDRESS	J.	•	1.3 STREET ADDRESS	•	
CITY-ST-ZIP	DELAND FL 32721		1.4 CiTY-ST-ZIP		
TITLE	1	( ) OELETE	2.1 TITLE	P. C.	Change Addition
NWE.			2.2 NAME	J. RAY BUJCKBURN 2010 EXCKUSINEN R	1
STREET ADDRESS	S .	,	2.3 STREET ADDRESS	2010 EXECUTION IN	
Cr K-ST-ZIP	<del> </del>		2.4 CITY-ST-ZIP	LITTLE MELEN, TO SANT	<b>y</b>
. € NAME	1 DAY RIDGE	DELETE	3.1 TiTLE		Change Addition
	V. MIT COTTO	SHIEL PA	32 NAME	4-7	
STREET ADDRESS CITY-ST-ZIP	J. RAY BLACKBUR 2010 E. KILLLE LAKE HELLA, F	22711	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	40000291 	85747
TITLE	Ofte Much, F	DELETE	4.1 TITLE	-06/29/93	-01054 -013 dillion
NAME	1	2,02-212	4,2 NAME	*****61。2	25 ********61.25
STREET ADDRESS	s) ·		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	<del></del>	Change Addition
NAME	}		5.2 NAME		
STREET ADDRESS	s		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-2₽		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		Who will all
STREET ADDRESS	s		6.3 STREET ADDRESS		ANN (A) CA
CITY-ST-ZIP	1		6.4 CITY-ST-ZIP		(1)

14. hereby certify that the information supplied with this filing does not qualify on the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual uport is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or director with an addiess, with all other like empowered.

SIGNATIBE: