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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90060 039 ***150.00

1999

DOCUMENT # P98000104783 1. Corpora ion Name

SPLIT BI	ILL, INCORPORATED						
Principal Plac	ce of Business	Mailing Address			1 16811801 110 10101 16111 68111 06111 80101 1101	/ 90111 B1811 (4581 IS	1100 1111 1001
4919 ARAPAHOE AVE. JACKSONVILLE FL 32210 JACKSONVILLE FL 32210					DO NOT WRITE IN THIS SPACE		
					3. Date ir corporated or Qualifed		
					12/17/1998		
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	7	lied For
21		26					t Applicable
Suite, Act	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.00	May Re
23		28			Trust Fund Contribution	Added to	- 1
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Add ress of Currer	n Registered Agent		 -	10. Name and Address of New Registere	d Agent	
DAS	HAM WILLIAM H IR		81	Name			
PARHAM, WILLIAM H JR. 4919 ARAPAHOE AVE.			82	Street Add	tress (P.O. Box Number is Not Acceptable)		
	KSONVILLE FL 32210		83	 -			
0 ,131				<u> </u>			
			84	City	F	. 85 Zip C	ode
11. Pursuan	t to the provisions of Sactions 607.050	0.1 and 607.1508. Florida Stat	utes, the abov	e-named cor			registered
office or	registered agent, or both, in the State	of Florida. Such change was	authorized by	the corporat	poration subm ts this statement for the purpose tion's board of directors. I hereby accept the ap	ointment as rec	istered
		and sor, Section 607.0505, F	orida Statutes	i.			
SIGNATURE	Signature, typed or printed in ime of registered ager	rand title if a dicable. (NO	E: Registered Age	nt signature rec un	red when reinstating DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE		President & Director	Change	☐ Addition
NAME	PARHAM, WILLIAM H JR.		12 NAME				
STREET ADDRESS	s 4919 ARAPAHOE AVE.		13 STREE	1 ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32210		1.4 CITY-S				
TITLE	D	☐ DELETE	2.1 TITLE	'	Vice President & Director	Change Change	Addition
NAMÉ	O'STEEN, MARK H		2.2 NAME				
STREET ADDF ES				TADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32210	DELETE	2. 4 CITY-5 3.1 TITLE		Chairman & Director	Change	Addition
	O'STEEN HADOLD S		3.2 NAME		THOMASON A DIRECTOR	23	<u> </u>
NAME STREET ADDE EST	O'STEEN, HAROLD S s 5134 CHARLEMAGNE RD.			TADDRESS V	ILII CHUN TOIL		
CITY-ST-ZIP	JACKSONVILLE FL 32210		3.4. CITY-5	ST-ZIP	1611 Ortega Blod. Vice Provident & Director		
TITLE	UNDROOMVILLE 1 E 32210	☐ DELETE	4.1 TITLE		Vice President & Director	☐ Change	Addition
NAME			4. 2 NAME		Steen Harold S. Jr.		-
STREET ADDF ESS	S ~ Maritaria D. 1	·τ,	4.3 STREE	TADDRESS	3240 Riverside Ave		ı
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	Tacksonville, Th 32205		
TITLE		☐ DELETÉ	5.1 TITLE		Vice President & Director	Change	Addition
NAME			5.2 NAME		Parham, Cheryl Wood		
STREET ADDRESS	s		5.3 STREE		1919 Arapahoe Ave.		ſ
CITY-ST-ZIP			5.4 CITY- S	T-ZIP	Jacksonilk . IL 32210		

CITY-ST-ZIP 14. Thereby 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 corpo ation 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 attailment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

STREET ADDRESS

TITLE

NAME

Change

Addition