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**

1999 DOCUMENT # **P98000104985**

1. Corporation Name

TRADITIONAL AND CUSTOM FLAGS INC.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90105 023 ***158.75



Principal Place	e of Business	Mailing Address			1 (50)1561 (10 10)41 (51)1 40)11 40)11 50101 (10)1 40)11 5101 6101 (10)1 5101 (10)1	
13789 FOLKSTO	NE CIRCLE	13789 FOLKSTONE CIRCLE				
WELLINGTON FL 33414		WELLINGTON FL 33414	WELLINGTON FL 33414		DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualifed	
					12/17/1998	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21	lace of Business	26 13833-E4 WELLINGTON TRA				
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional	
22	n, 200.	27 SUITE	20	58	5. Certificate of Status Desired Fee Required	
City & Stat	е	City & State			6. Election Campaign Financing S5.00 May Be	
23		28 WELLINGTON	P	-	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Соиг		8. This corporation owes the current year Intangible	
24	25	29 33414 3	آه	USA	Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent	
				81 Name	me	
	OVER, JEFFREY D		-	82 Street	eet Address (P.O. Box Number is Not Acceptable)	
13789 FOLKSTONE CIRCLE			62 Street Addre		Set Address (F.O. Box Halliper is Not Acceptable)	
WELL	INGTON FL 33414		Ì	83		
	the second of the second		-	24 00	loc 7in Code (
	growth to be			84 City	y FL 85 Zip Code	
11. Pursuant	to the previous of Costions 607.0	502 and 607 1509 Florida Statutos	, the ab	ove-named	ned corporation submits this statement for the purpose of changing its registered	
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was autigations of, Section 607.0505, Florid	norized	by the corp	orporation's board of directors. I hereby accept the appointment as registered	
•	m tamilar with, and accept the obii	gations of, Section 607.0000, Florid	a Glatu	.65.		
SIGNATURE	Signature, typed or printed name of registered a	egent and title if applicable. (NOTE: R	egistered /	gent signature	ture required when reinstating) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		☐ DELETE	1.1 TITI	 .E	OWNER ☐ Change ☐ Addition	
NAME			1.2 NA	Æ	JEFFREY GROOVER CIRCLE	
STREET ADDRESS			1.3 STF	EET ADDRESS	ESS 13789 FOLKS FORE CITEDED	
CITY-ST-ZIP	·		1.4 CIT	Y-ST-ZIP	KIMBERLY GROOVER OWER Change Addition	
TITLE	`	☐ DELETE	2.1 TITI	 .E	KIMBERLY GROWER OWNER Change Addition	
NAME			2.2 NA	Æ		
STREET ADDRESS			2.3 STF	EET ADDRESS	ESS 13789 FOLKS PONE CR.	
CITY-ST-ZIP	The second secon	<u>um. </u>	2.4 CI	Y-ST-ZIP	WELCINGTON, FL - 33414	
TITLE		☐ DELETE	3.1 111		☐ Change ☐ Addition	
NAME			3.2 NA	Æ		
STREET ADDRESS			3.3 STF	REET ADORESS	ESS	
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	4.1 TITI		☐ Change ☐ Addition	
NAME			4. 2 NA			
STREET ADDRESS	1			REET ADDRESS	ESS	
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	5.1 TIT	_	Change Addition	
NAME		·	5.2 NA			
STREET ADDRESS			5.3 STF	REET ADDRESS	ESS .	
			H	Y-ST-ZIP		
TITLE		DELETE	6.1 TITE		☐ Change ☐ Addition	
NAME			6.2 NA	Æ		
				LEET ADDRESS	ESS	
STREET ADDRESS	1 .		a.0.0011	,	===	

CITY-ST-ZIP 14. 1 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.

6.4 CITY-ST-ZIP

SIGNATURE: