## **PROFIT** CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF COPPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

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Mailing Address Principal Place of Business 2745 S. FIRST ST. 2745 S. FIRST ST. LAKE CITY FL 32025 LAKE CITY FL 32025 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/21/1998 App ied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-3554087 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 Ney Be City & State Trust Fund Contribution Added to Fees 28 23 Zio Country 8. This corporation owes the current year Intangible Zip Country []No ☐ Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 NEIJKAMM, MICHAEL E 82 Street Address (P.O. Box Number is Not Acceptable) 201 E. PINE ST., STE. 1200 ORLANDO FL 32801 83 85 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its nagistered office or registered agent, or both, in the State of Florida. Such change was nuthorized 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, Fk-rida Statules. SIGNATURE DATE (NOTI Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition DELETE 1.1 TITLE TITLE CR2E034 REICHERT, RICHARD W 12 NAME NAME 2745 S. FIRST ST. 1.3 STREET ADORESS STREET ADDRESS LAKE CITY FL 32025 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE REICHERT, JILL H 2.2 NAME NAME 2745 S. FIRST ST. 2.3 STREET ADDRESS STREET ADDRESS LAKE CITY FL 32025 2.4 CITY-ST-ZP CITY-ST-ZIP Addition Change 3.1 TITLE DELETE TITLE 32 NAME NAME 33 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE me 4.2 NAME ~ 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRE: S 5.4 CITY-ST-ZIP CTTY-ST-ZIP Addition 8.1 TITLE ☐ Change DELETE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6 4 CITY-ST-ZIP 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 curtify 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 cath; 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 a light empowered.

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