PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POPOOLOGOO1

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90110 030 ***150.00

1. Corporation Name THE OLD RITE	CHER BLOCK, INC.	7100991					
THE OLD BUT	SHER BLOCK, INC.				L 1001/2011 HO INDOLOGIAL DELIA SANA SANGI AND	1 18 18) 2 11(8 184) • •	
Principal Place of Bus	siness	Mailing Address			£ 18 16 56 16 118 TOTAL COLLEGE TO SAULT POLICE TION	. 96101 61119 16116 18	PM: 41 P1 5 B E1
4505 LAFAYETTE ST.		4505 LAFAYETTE ST.			1		
Marianna FL 32446 Marianna FL 32446					DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
1					12/22/1998		ļ
2 Principal Place of	2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Apı	piled For
21		26	F-1		59-3550301	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			3. Obidiodis Di disassi ogonio		·
Cit/ & State		City & State			6. Election Campaign Financing	\$5.00	- 1
23		28			Trust Fund Contribution	Added to	Pees
Zip	Country	2ip	_ Countr	γ	S. This corporation owes the current year Personal Property Tax.	Intançiole []Yes	Ø№
24	25	29	30		10. Name and Address of New Registers		
9, N	Name and Address of Cur	teur wedizieren wileur		1 Name	(at sentite miles) and an inch transfer		
BASFORD,	PATRICIA C		Ĺ			· · ·	
4505 LAFAY			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
MARIANNA			8:	3			
			L				
			B-	4 City	F	85 Zip C	009
11 Durayant to the c	provisions of Sections 607 (1502 and 607.1508. Florida St	atules, the above	ve-named com	which as he this statement for the numose	of changing its	registerad
l atina ne conintace	ed account or both in the Sto	ate of Florida. Such change wa ligations of, Section 607.0505,	as aumonzeu u	A MIG COMPOSER	ion's board of directors. I hereby accept the app	ommuent as rec	JISKEI BO
SIGNATURE	s, typed or printed name of registered	are of and title of enchances	NOTE: Registered Ap	ent signeture require	of when reinstating) DATE		}
12.		AND DIRECTORS	13.				
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I harroy certify that the information supplied with this turning opes not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I number cetty that I am an indicated on this annual report or supplemental annual report is true and docurate and that my signature shall have the same legal effect as if made under cetty 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE