PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90079 020 ***150.00

DOCUME	NT # J	P9800	2010	7185

1. Corporatio					}			
J-4 CATT	ILE COMPANY, INC.) (#21 ##1 # bimi >##1 #5/11 #Pill ##1#		1181 1111 1 2 21
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Principal Plac	ad Duniana	Mailing Address				U VOORTE DER LING HEILER FOURT OCH PERFF ON IN	I TR e st Le ill (Boll) (Sed) i	RUGA BUM ANDA
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122 E. TILLMAN AVE. P. O. DRAWER 840 LAKE WALES FL 33853 LAKE WALES FL 33859-0840				•				
1					1	DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed		
A 62-1-16	Place of Business	2a. Mailing Address				12/24/1998 4. FEI Number	I An	plied For
	riace of business	26. Walling Ficuress				59-3554082	<u> </u>	t Applicable
21 Suite, Apt.	# etc	Sulle, Apt. #, etc.					\$9.75	
22		27				5. Certificate of Status Desired	Fee Re	quired
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23	<u></u>	28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip ,		intry		8. This corporation owes the current y	ear Intangible	
24	25		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		81 Nam		10. Name and Address of New Regis	tered Agent	
וטחי	VSON, RONALD C			81 Nam	Ю			
	E. TILLMAN AVE.			82 Street	et Address	s (P.O. Box Number is Not Acceptable)		
	WALES FL 33853			83			·	
j	•			84 City			85 Zip 0	Code
ĺ				1 7			FL	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Sta	tutes, the a	bove-name	ed corpora	ation submits this statement for the purps s board of directors, I hereby accept the	ose of changing its	registered distered
aneot La	om familiar with and accept the obligati	one of Section 607 0505	Classic Ctes		· po		• •	- 1
l ogotte i b	an in the same and	(Und Oi, Goodoli Oo; Goodo,	rionda Stat	ures.				
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SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	and trile if applicable. (N) Agent signatur			ATÉ	
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14. I hereby certify that the information supplied with this filling 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; by on an attachment with an address, with all other like empowered.

SIGNATURE:

<u> SIGNATURE REQUIRED</u>

4/1/99

941-676-9431