

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

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90032 038 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P990000000086**

1. Corporation Name  
**PEDICOAT JUNCTION, INC.**



Principal Place of Business <b>1112 VALRICO STATION ROAD APT 7 VALRICO FL 33594</b>	Mailing Address <b>1112 VALRICO STATION ROAD APT 7 VALRICO FL 33594</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 404 N. Parsons Avenue</b> Suite, Apt. #, etc. <b>22 A</b> City & State <b>23 Brandon, FL</b> Zip <b>24 33510</b>		2a. Mailing Address <b>26 921 Winchester Lane</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Valrico, FL</b> Zip <b>29 33594</b>		3. Date Incorporated or Qualified <b>12/31/1998</b>	
25 U.S.A.		30 U.S.A.		4. FEI Number <b>65-0885405</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**HUNTER, CYNTHIA L**  
**1112 VALRICO STATION ROAD**  
**APT 7**  
**VALRICO FL 33594**

10. Name and Address of New Registered Agent

81 Name <b>Hunter, Cynthia L.</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>112 Valrico Station Rd.</b>
83 <b>Apt. 7</b>	84 City <b>Valrico, FL</b>
85 Zip Code <b>33594</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized 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, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	V.R. Hunter
STREET ADDRESS		1.3 STREET ADDRESS	921 Winchester Lane
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Valrico, FL 33594
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Cynthia L. Hunter
STREET ADDRESS		2.3 STREET ADDRESS	112 Valrico Station Rd. Apt. 7
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Valrico, FL 33594
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary-Treasure <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Annette V. Hunter
STREET ADDRESS		3.3 STREET ADDRESS	921 Winchester Lane
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Valrico, FL 33594
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE:

**CYNTHIA L. HUNTER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/99 (813) 654-1619**  
Date Daytime Phone #  
**(813) 662-7882**

CR2E034 (1/98)