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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Mar 13, 1999 8:00 am Secretary of State Katherine Harris 03-13-1999 90002 011 ***476.25

DOCUN	MENT # S02238						
•	LDING CORP.						
Dringing Blood	of Business	Mailing Address					
2935 KERRY FOREST PKWY P.O. BOX 12728 TALLAHASSE FL 32308 TALLAHASSEE FL 32317							
US					DO NOT WRITE IN TH	IS SPACE	 -
					3. Date Incorporated or Qualifed 09/26/1990		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	olied For
21 26		⊢ , *	¬		59-3096344	⊢	Applicable
		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
27				3. Certificate of Status Desired	Fee Rec	<u> </u>	
City & State City & State					6. Election Campaign Financing	\$5.00	
23 28			Cou		Trust Fund Contribution	Added to	Pees
Zip	Country	Zip		nuy	 This corporation owes the current year Personal Property Tax. 		□No I
24	9. Name and Address of Current	29 29 Registered Agent	30		10. Name and Address of New Registers		
				81 Name			
SIDNEY, MATTHEN L				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
135 S. MONROE ST.				02 Street Aut	uless (F.O. Box Hamber is Hot / loop as loy		
SUITE 100				83			
TALLAHASSEE FL 32301				84 City		. 85 Zip C	ode
				1	<u>F</u>		
office or re	egistered agent or both in the State (of Florida. Such chande was	s authorized	i by the corporal	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	or cnanging its i pointment as reç	registered gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, F	Florida Stati	utes.	•		{
SIGNATURE	Signature, typed or printed name of registered agent	t and title of emplicable (NC	TF: Registered	Agent signature requi	ired when reinstating) DATE		
12.	OFFICERS AN		13.	, , , , , , , , , , , , , , , , , , ,	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TF	LE THE		Change	☐ Addition
NAME	ELLIS, KENNETH		1.2 N	ME.			l
STREET ADDRESS	EET ADDRESS 2935 KERRY FORREST PARKWAY		1.3 ST	REET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			TY-ST-ZIP			☐ Addition
TITLE	D	☐ DELETE	2.1 TI			Change	☐ Addition
NAME	ARNOLD, H.ROSS III		2.2 N/				
STREET ADDRESS	2935 KERRY FORREST PARKW	/AY	1	REET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL	☐ DELETE	2.4 C	ITY-ST-ZIP		Change	Addition
TITLE	TS POET T	- Detere	3.1 N	ļ.			_
NAME CTREET ADDRESS	BUHLER, BRET T 2935 KERRY FOREST PKWY.		I .	REET ADDRESS			
STREET ADDRESS CITY+ST-ZIP	TALLAHASSE 32308		•	ITY-ST-ZIP			
TITLE	TALE II BIOOL GLOOD	☐ DELETE	4.1 TI			☐ Change	☐ Addition
NAME.			4. 2 N	AME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-ST-ZiP			
TITLE		☐ DELETE	5.1 Tr	l l		☐ Change	Addition
NAME			5.2 N			•	
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP			5.4 CI 6.1 TI	TY-ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	6.2 N			□ cliange	
NAME	ı			REET ADDRESS			
STREET ADDRESS				TV OT ZID			

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:

BRET TO BUHIOR