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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # S09553** 

This was an error

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90116 038 \*\*\*150.00

FLORIDA  Plea  Principal Place  11433 SAINTS F  JACKSONVILLE US	C-GEORGIA CONTRACTOR SE remove hy e of Business TROAD		ROAD	ompat ur ar in corp	rible tides operation	DO NOT WRITE IN  3. Date Incorporated or Qualifed		
						10/26/1990		
2. Principal Pl	lace of Business	2a, Mailing Ad	ddress			4. FEI Number	Ap	plied For
21		26				59-3042734		t Applicable
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & State City & State			ate	ann Mil-		6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country Zip			Country		8. This corporation owes the current year Intangible		
24				30		Personal Property Tax. Yes No  10. Name and Address of New Registered Agent		
Ryas	9. Name and Address of Curren		nt	81	Name	10. Name and Address of New Regis	tered Agent	
> BRAI	JUNIN KENNETH ''''	spell:						
-	3 SAINTS RD	SRANHOL	.M	82	Street Addre	ss (P.O. Box Number is Not Acceptable)		1
	(SONVILLE FL 32246	Correct C	-	83				
		Correct	•			·		
				84	City		FL 85 Zip C	Code
office or re agent. I a	egistered agent, or both, in the State in familiar with, and accept the obligat Signature, typed or printed name of registered agen	of Florida, Such ch tions of, Section 60	nange was auth 07.0505, Florid	horized by la Statutes	the comoration		ATE	gisterea
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D		] DELETE	1.1 TITLE			Change	Addition
NAME	BRANHOLM, KENNETH			1.2 NAME	Ì			
STREET ADDRESS	2030 É RALEY CREEK DR.			1.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32.22		1 nguere	1.4 CITY-ST	T-ZIP		Charac	□ Addition
TITLE	S	L.	] DELETE	2.1 ΠTLE			Change	☐ Addition
NAME	HUGHES, JANET			2.2 NAME				
STREET ADDRESS	2100 OCEAN DR., S. #3E	200		2.3 STREET		-		1
CITY-ST-ZIP	JACKSONVILLE BCH. FL 32		DELETE	2.4 CITY-S 3 1 TITLE	T-ZIP		Change	Addition
TITLE		_	JULLETE	3.2 NAME			¢z.igo	
NAME				3.3 STREET	ADDESS			Ì
STREET ADDRESS				3.4. CITY-S				
CITY-ST-ZIP TITLE			DELETE	4.1 TITLE	1-217		☐ Change	☐ Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			ĺ
CITY-ST-ZIP				4,4 CITY-\$1	T-ZIP			
TITLE			] DELETE	5.1 TITLE			Change	Addition
NAME				52 NAME				{
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP	_			5.4 CITY-ST	T-ZIP			
TITLE			DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME				6.2 NAME				ł
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY- \$1	T-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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 641-7010