## 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 # \$15956

1. Corporation Name

	:
Principal Place of Business	
404 EUNICE DRIVE	

## FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90056 029 \*\*\*150.00

	OAN CUMPANY	,					
Principal Place	e of Business	Mailing Address			4 10011010 tas tradi desta color della della della	91811 <b>9</b> 1811 <b>9</b> 1811	01011 61011 1001
404 EUNICE DRIVE 404 EUNICE DRIVE							
LAKELAND FL		LAKELAND FL 33803			DO NOT WORK IN THE	CDACE	
		DO NOT WRITE IN THIS SPACE					
			•		3. Date Incorporated or Qualifed		
					11/29/1990	1 14	
·	lace of Business	2a. Mailing Address			4. FEI Number		optied For
21		26	ರಿಎ ್ ಹೊಂದಳ		59-3041820		ot Applicable Additional
	Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	•	Additional equired		
22	27		a 51 di Oi Firenzia				
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
23			Zip Country		This corporation owes the current year in		10 1 003
Zip	Country	<b>⊢</b> `	30	ond y	Personal Property Tax.	Yes	.□No
24	9. Name and Address of Curren	29	30		10. Name and Address of New Registered		
	9. Name and Address of Curren	r Kedistelen Adelit		81 Name	To train and trae. or the stage of the stage		
HER	NDON, JOHN B.						
	EUNICE DRIVE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
	ELAND FL 33803			83			
				84 City	Fl	85 Zip	Code
		0 1007 1500 TI 11- Ot-1-	1 46			<u>=    </u> £changing its	registered
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statut of Florida. Such change was a	tes, the authorize	above-named corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	intment as re	egistered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Flo	orida Sta	itutes.			
SIGNATURE		•				•	
	Signature, typed or printed name of registered ager			ed Agent signature required	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	NO DIRECT	OPS IN 12
12.		ID DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	D.	☐ DELETE		TITLE	٠.		
NAME	HERNDON, JOHN B.			NAME	•		
STREET ADDRESS	404 EUNICE DRIVE				·		
CITY-ST-ZIP	LAKELAND FL			STREET ADDRESS	·		
TITLE	D		1.4 9	CITY-ST-ZIP		Change	☐ Addition
5143.FF		DELETE	1.4 9	1		Change	Addition
NAME	HERNDON, MELODEE M.	☐ DELETE	2.1	CITY-ST-ZIP		Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	HERNDON, MELODEE M. 404 EUNICE DRIVE	DELETE	1,4 ( 2,5 2,2 2,3 2,4 3,1 3,2 3,3 3,3 3,4 3,5 3,6 3,7 3,7 3,7 3,7 3,7 3,7 3,7 3,7 3,7 3,7 3,7 4,7 5,7	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Change	Addition
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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 accurage 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 ecceiver 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 unit an address, with all other like empowered.

SIGNATURE: