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 # S39464 1. Corporation Name

CADE & DEANNA LONG, INC.

| Principal Pla | ce of Business | Mailing Address | | | I teatrate can time latit sints nilit afür Alat | \$ \$1811 BIBII BIBI | | |
|--|---|--------------------------------|---|---|--|---|--|---------------------|
| 6822 OLD POLK CITY ROAD | | 6822 OLD POLK CITY ROAD | | | | | | |
| | | LAKELAND FL 33809-2336 | | | | | | |
| | | | | | DO NOT WRITE IN THI | IS SPACE | | _ |
| | | | | | Date Incorporated or Qualified 03/21/1991 | | | |
| 2. Principal f | Place of Business | 2a. Mailing Address | | | 4. FEI Number | Α | pplied For | ٦, |
| 21 | | 26 | | | 59-2528600 | l N | lot Applicable | 1 8 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | 7 .: | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 | May Be | 7 | |
| 23 | | 28 | | | Trust Fund Contribution | | to Fees | Ĺ |
| Zip | Country | Zip | Count | ry | 8. This corporation owes the current year li | ntangible | | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | Yes | □ No | |
| - | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Registerer | d Agent | |] |
| COF | RPORATION INFORMATION SERV | ICES INC | 8 | 1 Name | | | | 1 |
| 6822 OLD POLK CITY RD | | | | 2 Street Addr | Idress (P.O. Box Number is Not Acceptable) | | | |
| | ELAND FL 33810 | | | | 276.56 (2015 - 8 1) 1 (2015 - 18 1) 1 (2015 - 18 1) 1 (2015 - 18 1) 2 (2015 - 2015 | ्राम्बर + इ.स. १०१ ० | trabe te de trepe | 1 |
| - | 115,12 000 10 | | . 8 | 3 | 为之的"表现"的"最后"的"最后"的"是一个"的"是一个"的"是一个"的"是一个"的"是一个"的"是一个"的"是一个"的"是一个"的"是一个"的"是一个"的"是 | | 建建制 | |
| .11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Si | | | 8 | 1 | FI | 85 Zip | Code | |
| agent. I a | m familiar with, and accept the obligat | nons of, Section 607.0505, Flo | rida Statute | s. | on's board of directors. I hereby accept the appointment of the purpose of the purpose of the appointment of the purpose of the purpose of the appointment of t | | | |
| 12. | OFFICERS ANI | | | 9, | | | | l á |
| TITLE | 0.1.00.0070 | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | ORS IN 12 | ٦ ۵ |
| | PD | D DIRECTORS DELETE | 13. | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | ORS IN 12 | 7 |
| NAME | | | | | ADDITIONS/CHANGES TO OFFICERS A | | | 1.144,00 |
| NAME STREET ADDRESS | PD | | 1,1 TITLE | : | 7.70 | | | 024,744,00 |
| | PD LONG, D.C. "BUDDY" | | 1.1 TITLE 1.2 NAME 1.3 STRE | ET ADORESS | 7.70 | | | 20E024'74'70c |
| STREET ADDRESS | PD Long, D.C. "Buddy" 6822 Old Polk City RD | | 1,1 TITLE | ET ADORESS ST-ZIP | 7.70 | Change | Addition | CD2E024' (44'0c |
| STREET ADDRESS CITY-ST-ZIP | PD Long, D.C. "Buddy" 6822 OLD Polk City RD Lakeland Fl | ☐ DELETE | 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE | ET ADORESS ST-ZIP | 7.70 | | | CD2E024' (44')0c |
| STREET ADDRESS CITY-ST-ZIP TITLE | PD LONG, D.C. "BUDDY" 6822 OLD POLK CITY RD LAKELAND FL SD | ☐ DELETE | 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME | ET ADORESS ST-ZIP | 7.70 | Change | Addition | CD0E004 (447)0c |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | PD LONG, D.C. "BUDDY" 6822 OLD POLK CITY RD LAKELAND FL SD LONG, DEANNA 6822 OLD POLK CITY RD | ☐ DELETE | 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI | ET ADDRESS ST-ZIP | 7.70 | Change | Addition | CD0E004 (44)0c |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | PD LONG, D.C. "BUDDY" 6822 OLD POLK CITY RD LAKELAND FL SD LONG, DEANNA | ☐ DELETE | 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- | ET ADDRESS ST-ZIP | 7.70 | ☐ Change | Addition | CD0E004 (44 inc |
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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 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 attagement with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90021 045 ***150.00