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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **\$44333**

1. Corporation Name

EDDIE R	OBINSON PRODUCTION	INC.						
Principal Place	e of Business	Mailing Address				- 1006110019 111 01011 01000 111006 11100 1111 011	IA BUBU BUBUK BUBU B	1814 B1811 1881
Principal Place of Business Mailing Address 765 DEL ORO DR SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695						DO NOT WRITE IN TH	IIS SPACE	•
						3. Date Incorporated or Qualifed	110 01 705	
						03/01/1991	-	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Apı	plied For
21		26				59-3053537	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & State	e	City & State			·	6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Count	try		8. This corporation owes the current year	Intangible	ا <u>ب</u>
24	25		30			Personal Property Tax.		Mo
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Register	ed Agent	-
BUG	INSON, EDWARD C.			B1 N	lame			,
765	DEL ORO DR		8	32 S	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SAFE	ETY HARBOR FL 34695		Ε	B3				}
			3	84 C	City	F	85 Zip C	Code
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida. Such change was aut	thorized t	by the	amed corpo corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its pointment as req	registered gistered
agont. Tal		9						
SIGNATURE					natura required	when reinstating) DATE	······	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: F			nature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered a		Registered A	gent sig	nature required		AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable. (NOTE: F	Registered A	gent sig	nature required			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS A ROBINSON, EDWARD C.	gent and title if applicable. (NOTE: F	Registered A	gent sig				
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable. (NOTE: F	13. 1.1 TITU	egent sig	DRESS			
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of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the same legal effect as if made under oath; that I am an appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the same legal effect as if made under oath; that I am an appeared to execute this report as required by Chapter 607, Florida Statutes. 14. I hereby certify that the information supplied with this filling does indicated on this annual report or supplemental annual report is officer or director of the corporation or the receiver of trustee of Block 12 or Block 13 if changed, or on an attachment with an ad-

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

YPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR