Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90004 040 \*\*\*150.00

## 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

## OLINATINET #

DOCUI	MENT # S58727						
	ERICA, INC.						
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Principal Place of Business Mailing Address						) OTOTA BIBIL STORE GIGIL O	1811 61813 1881
2659 EGRET CT 2659 EGRET CT							
TALLAHASSEE FL 32312 TALLAHASSEE FL 32312					DO NOT WRITE IN	THIS SPACE	
US		US			3. Date Incorporated or Qualifed		
1159 FERRT CT					06/11/1991		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
21 2659 EARET CT - 26					59-2236655		t Applicable
Suite, Apt. #, etc.					5: Certificate of Status Desired	\$8.75 A	
22 TA-11 AHX SSEP + 1A. 27					<u>'</u>	Fee Rec	·
City & State City & State					6. Election Campaign Financing	<b>\$5</b> .00 ( Added to	
23 323/2 28 Zip Country Zip Country					Trust Fund Contribution	1.00	rees
Zip 24 <b>3</b> 22	Country	<b>⊢</b> · −	Country		<ol><li>This corporation owes the current years on all Property Tax.</li></ol>		□No
24 32	3   2 -   25   -   E   D		, <del>,</del>	-	10. Name and Address of New Regis	tered Agent	
			81	Name			
MINER, JUDY S.				Street Add	ress (P.O. Box Number is Not Acceptable)		
2659 EGRET COURT			82	Olloctivida	ibab (i io. box italiabe io itak itabpilais)		
TALLAHASSEE FL 32312			83		•		
			84	City		85 Zip C	ode
<b>4</b>						FL	
. affino or r	agistared agent or both in the State o	f Florida. Such change was auf	honzed by	tne comorati	poration submits this statement for the purpo ion's board of directors. I hereby accept the	appointment as rec	registered jistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Floric	da Statutes.		, ,	1 ,,	00
SIGNATURE	ance Mine	11075			ed when reinstating) DA	ATE SM 9	<del>-77</del>
12.	Signature typed or printed name of registered agent and title if applicable (NOTE: Registered OFFICERS AND DIRECTORS 13.			t signature require	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	MINER, JUDY S.		1.2 NAME				
STREET ADDRESS	2459 EGRET CT		1.3 STREET	ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST	r-ZIP			
TITLE		☐ DELETE 2.1				Change	☐ Addition
NAME	221		2.2 NAME		•		
STREET ADDRESS	:SS 23 5		2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		Change	Addition
TITLE			31 TITLE			Change	☐ Addidon
NAME			3.2 NAME				ļ
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			3.4. CITY-S' 4.1 TITLE	T-ZIP	-	Change	Addition
TITLE			4.2 NAME			<b>,</b>	
NAME			4.3 STREET	ADDRESS			1
STREET ADDRESS			4.4 CITY+ST				
CITY-ST-ZIP TITLE	DELETE 5.1T			-211		☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP			
TITLE		☐ DELETE	6.1 TITLE	1		☐ Change	Addition
ALABAE			6.2 NAME				

CITY-ST-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 changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS