## 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 # \$88526**

1. Corporation Name

GENERAL MOLD, INC.

Principal Place of Business	Mailing Address
1326 20TH ST N ST PETERSBURG FL 33713	1326 20TH ST N ST PETERSBURG FL 33713

## Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90248 050 \*\*\*150.00



1326 20TH ST N 1326 20TH ST N ST PETERSBURG FL 33713 ST PETERSBURG FL 33713		713			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
				,	•	10/18/1991	Quamed		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				59-3095447			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status D	esired ~ □ -	- \$8.75 A	
22		27					,	Fee Re	<del></del>
City & State		City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country Zip		Cou	Country		8. This corporation owe:	s the current year Inf	angible 🔍	
24	25 29 3		30			Personal Property Tax. Yes No			XNo
	9. Name and Address of Curr	rent Registered Agent		l		10. Name and Address	of New Registered	Agent	
	DE DEAN A			81	Name				
Moore, Dean A. 1326 20th St N				82 3	Street Adda	ress (P.O. Box Number is No	t Acceptable)		
ST P	ETERSBURG FL 33713			83				, ,	
				84 (	City	COLUMN TERRET CONTRACTOR	FL	85 Zip (	Code
	1. 1 S.	1. 7. 海海山河中中海海		13.1	15000		STATE STATE IN	可感度污	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with; and accept the obli	0502 and 607.1508;Florida Sta hte of Florida: Such change wa igations of Section 607.0505,	tutes, the a s authorized Florida Stat	ibove-n d by the lutes:	amed corp e corporati	poration submits this statement on's board of directors. I here	nt for the purpose of by accept the appoi	changing its intment as re	gistered
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (N	OTE: Registered	Agent s	gnature require	d when reinstating)	. DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGE	S TO OFFICERS AN	ND DIRECTO	)RS IN 12
TITLE	D	☐ DELETE	1.1 TI	ITLE				Change	Addition
NAME	MOORE, KRISTY E		1.2 N	AME			•		1
STREET ADDRESS	4200-41 AVE NO		1.3 \$	TREET AL	DDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CI	ITY-ST-Z	ZIP				
TITLE	D	☐ DELETE	2.1 TI	ΠE				Change	☐ Addition
NAME	MOORE, DEAN A		2.2 N	AME					
STREET ADDRESS	4220-41 AVE N		2.3 \$	TREET AL	DDRESS			~~ <del>~~</del> ~	
CITY-ST-ZIP	ST PETERSBURG FL		2.40	CITY-ST-2	ZIP				
TITLE		☐ DELETE	3.1 TI	ITLE				☐ Change	☐ Addition \
NAME			3.2 N						
STREET ADDRESS			3.3 S	TREET AL	DORESS				,
CITY-ST-ZIP				CITY-ST-Z	ZIP			Change	Addition
TITLE		☐ DELETE	4,1 TI					☐ Change	[_] Addition
NAME				NAME					1
STREET ADDRESS				TREET AL					
CITY-ST-ZIP				ITY-ST-Z	ZSP	·		[7] Chongo	Addition
TITLE		☐ DELETE	5.1 TI 5.2 N					Change	CTVacanou
NAME					DOBESS				
STREET ADDRESS				TREET AL					
CITY-ST-ZIP		FT per eye	5.4 C	ITY-ST-Z	IIP			☐ Change	Addition :
TITLE		☐ DELETÉ						change	☐ \under
NAME			6.2 N		000505	,			•
STREET ADDRESS			6.3 S	TREET AD	DUKE\$\$				

6.4 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.