03-09-1999 90025 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # SQ2Q40

 Corporation 	Name	ETE, INC.					
Principal Place of Business Mailing Address					(100)1010 112 /0/10 12310 (011) 010/1 010/1 010/1	111 81811 61811 611	E11 01011 1001
128 AIRPORT BLVD 128 AIRPORT BLVD							
PENSACOLA FL 32503-626 PENSACOLA FL 32503-626					DO NOT WRITE IN THIS	SPACE	
US		US			3. Date Incorporated or Qualifed		
					11/01/1991		1
2 Principal P	tace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21	lace of Business	26			59-3091775	<u> </u>	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 A	dditional
22		27			5. Certificate of Status Desired	. Fee Red	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country 3-7626 25	Zip 32503-7626 3	Country 30	1	This corporation owes the current year Inta Personal Property Tax.		□No
<u>-</u>	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered A	Agent	
			81	Name			
E. K. EDWARDS			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
3733 SCENIC RIDGE DR							
PEN	SACOLA FL 32514		83				
			84	City		85 Zip C	Code
				1	FL	<u> </u>	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut tions of, Section 607.0505, Florid	thorized by da Statutes	the corporati	poration submits this statement for the purpose of cons board of directors. I hereby accept the appoin	itment as reg	jistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F				nt signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
12.	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	EDWARDS, E. K	12N			•		
NAME	THE CONTROL PROCESS			T ADDRESS			
STREET ADDRESS	05004004451		1.4 C/TY-S				
CITY-ST-ZIP TITLE	VTD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	EDWARDS, JOHN E.	221				_	_
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	25104001451		2. 4 CITY+5	· · · · · · · · · · · · · · · · · · ·	- بين جون الم	_ ·	
TITLE	VD	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	GIBBS, SUSAN E.		3.2 NAME				
STREET ADDRESS	TOOK MODILE LIIOUSAAV		3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE	V	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	MAJORS, MICHAEL J		4. 2 NAME				
STREET ADDRESS	2328 SILVERSIDES LOOP		4.3 STREE	TADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32526		4.4 CITY-S	T-ZIP			
TITLE	VS	☐ DELETE	5.1 TITLE	Ì		Change	Addition
NAME	KING, JOHN D.		5.2 NAME		1007 0 11 11 01 1		
STREET ADDRESS	498 N 71ST AVE	50 11 7101 7112			1937 Southwind Circle		
CITY-ST-ZIP			5.4 CITY-9	ST-ZIP			ITT A JUSTICE
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS	i		6.3 STREE	TADDRESS			l l

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.

6.4 CITY-ST-ZIP

SIGNATURE:



2/18/99

(850) 476-6120