PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Secretary of State

Katherine Harris

FILED Feb 26, 1999 8:00 am Secretary of State 02-26-1999 90070 040 ***150.00

DOCUMENT # S9887 1. Corporation Name EULMEDIC MADKET DLACE INC

FOLIMEN'S MARKET PLACE, INC.								
Principal Place of Business			Mailing Address				() Latifalb ich iditer i mit er tie tredt ander dirte breit affet, sidte eadt	
148 E. PINE AVE			148 E. PINE AVE					
			ST GEORGE ISLAND FL 32328				DO NOT WRITE IN THIS SPACE	
) US US								
\	•						3. Date Incorporated or Qualifed	
			O- Mallies Address			- 	12/06/1991 4. FEI Number Applied For	
2. Principal Place of Business			2a. Malling Address)	
21			Suite, Apt. #, etc.				59-3095867 Not Applicable	
Suite, Apt. #, etc.							5. Certificate of Status Desired	
(22)			City & State					
City & State							6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
23			Zip Country					
Zip	Country Zip			30	uniy		8. This corporation owes the current year Intangible Personal Property Tax. Yes - No	
24	25]	29		30]	Τ_		10. Name and Address of New Registered Agent	
	9. Name and Address of Current	regrat	atan Main		81	Name	TO, Hamband Advised of New Registers Agent	
LON	BOM, PAUL W.				Ľ.	1103110	FULMER VAVIDE,	
332 HOWELL STREET					82	Street A	ddress (P.O. Box Number is Not Acceptable)	
ST GEORGE ISLAND FL 32328						<u> </u>	178 E PINE 3/	
OT GEOTICE IODATO I E SEGEO						G 44	}	
[84	City	85 Zip Code	
					L		T GEORGE ZSL TL 32328	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered eyent, or both /in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of Section 607,0505, Florida Statutes.								
agent. I am familiar with, and accept the bligations of Section 607.0505, Florida					utes	•	2 11 60	
SIGNATURE	W Kuny	ZI	umel				3-16-99	
	Signification, typed or printed name of registered agent a				Aper	n signature nac	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<u>æ</u>
12.	OFFICERS AND	DORECTORS		13.	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	CR2E034 (11/98)
TIPLE		C) Octroic					- diming	<u>=</u>
NAME	FULMER, DAVID E.				1.2 NAME		į	ġ
STREET ADDRESS	448 E. PINE AVE			1.3 STREET ADDRESS		1	<u> </u>	
CITY-ST-ZIP	ST GEORGE ISLAND FL 32328			1.4 CITY-ST-ZIP		☐ Change ☐ Addition	8	
TITLE	VP				2.1 TITLE		Cusula Cusula	•
NAME	FULMER, MARTHA T.				22 NAME		1	
STREET ADORESS	, · · · · · · · · · · · · · · · · · · ·			2.3 STREET ADDRESS			1	
CITY-ST-ZIP					π γ.5	T-ZIP	District District	
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STREET ADDRESS				3.3 \$1	REET	ADDRESS	Ţ	
CITY-ST-ZIP					3.4. CITY-ST-ZIP			
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NAME				1	AME	- 1	<u>.</u>	٠.
STREET ADDRESS						ADDRESS	J	
CITY-ST-ZIP				4.4 CT		r-ZiP		
TITLE		☐ DELETE		•	5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 N		-	·	
STREET ADDRESS				1		ADDRESS		
CITY-ST-ZIP				5.4 CF		- ZP		
TITLE	-	_	☐ DELETE	6.1 TT	ΠE	ł	☐ Change ☐ Addition	
NAME				62 N	WE]		
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP				640	6.4 CITY-ST-ZIP			
					-		and the appropriate for the following the second of the first and the	

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 informationation on the 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.

SIGNATURE: 入

T. FULMER