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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # V01155 1. Corporation Name

21

22

23 Zip 24

STREET ADDRESS	970 Sousa Drive		1.3 STREET ADDRESS				
CITY-ST-ZIP	LARGO FL 33771		1.4 CITY-ST-ZIP				
TITLE	SD	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME .	VANDENBOOGART, LIDY B		2.2 NAME			-	
STREET ADDRESS	970 SOUSA DRIVE		2.3 STREET ADDRESS				1
CITY-ST-ZIP	LARGO FL 33771		2.4 CITY-ST-ZIP				
TITLE	V	☐ DELETE	3.1 TITLE	 .		Change	☐ Addition
NAME	vandenboogart, William H		3.2 NAME				Į
STREET ADDRESS	1023 FLORIDA AVENUE		3.3 STREET ADDRESS				ĺ
CITY-ST-ZIP	PALM HARBOR FL 34683		3.4. CITY-ST-ZIP				
TITLE	T	☐ DELETE	4.1 TITLE			Change	Addition
NAME	vandenboogart, jill p		4.2 NAME				1
STREET ADDRESS	1023 FLORIDA AVENUE		4.3 STREET ADDRESS				{
CITY-ST-ZIP	PALM HARBOR FL 34683		4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				j
STREET ADDRESS			5.3 STREET ADDRESS				}
CITY-ST-ZIP	71 18 (281 x 1) \$4550 <u>-</u>		5.4 CITY-ST-ZIP	_			
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NAME / 1	TENDER OF THE		6.2 NAME				ļ
STREET ADDRESS			6.3 STREET ADDRESS		;		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	·			
14. I hereby of indicated	certify that the information supplied with thi on this annual report or supplemental ann	s filing does not qualify for thus a report is true and accura	ne exemption stated in te and that my signatur	Section 119.07(3)(i), Florida Sta e shall have the same legal effe	atutes. I further cer ect as if made unde	tify that the in er oath; that I	formation am an

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90137 043 ***150.00

LIDYVAN	I, INC.						-						
Principal Place	e of Business	Mailing Add	ress				1 '			EMI MENT MYNNYN A		, m) m(f #184) (mm)	
1023 FLORIDA AVENUE 1023 FLORIDA AVENUE PALM HARBOR FL 34683 PALM HARBOR FL 34683							DO NOT WRITE IN THIS SPAC			SPACE			
							3. Date i	ncorporated or	Qualifed				Ţ
• •	AMPRICATION CONTRACTOR OF THE STATE OF THE S			-			12/10	6/1991					_
2. Principal P	Place of Business	2a. Mailing	Address				4. FEI N				A	pplied For	
21		26					59-3	<u> 112396</u>				ot Applicable	
Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.				5. Certifo	ate of Status I	Desired	۵	• -	Additional lequired	
City & Stat	te	City & S	tate				6. Election	n Campaign F	inancing		\$5.00	May Be	1
23	·	28					Trust 1	und Contribut	ion		Added	to Fees	_
Zip	Country	Zip	r	Cour	ntry		1 '	orporation owe		ent year Int		C3	-
24	25	29		30				nal Property Ta			Yes	□No	\dashv
	9. Name and Address of Current	Registered Ag	ent		81 Nai		10. Name	and Address	Of New H	egisterea	Agent		-
VAN	DENBOOGAART, WILLIAM H.			ĺ	o i ivai	ne							╝
	3 FLORIDA AVENUE			Ī	82 Str	et Addre	ss (P.O. Bo	Number is N	ot Accepta	ble)			
	M HARBOR FL 34683				83								-
IAL	MI FIREIDON I E STOOS				83								
	•				84 City					FL	.	Code	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligation	if Florida. Such d	change was au	thorized	by the c	orporation	n's board of	directors. I her	eby accep	t the appoi	ntment as r	egistered	
SIGNATURE		and the Sandleshie			Lanet sinnat	um consisted a	uchan reinstation	· · · · · · · · · · · · · · · · · · ·		DATE			
	Signature, typed or printed name of registered agent			Registered	Agent signat	ure required v	when reinstating		S TO OF	DATE ICERS AN	ND DIRECT	ORS IN 12	(80)
12.	OFFICERS AND	DIRECTORS	(NOTE: I	Registered a		ure required		ONS/CHANGE	S TO OF		ND DIRECT	ORS IN 12	11/08)
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of cups and the corporation of the receiver of 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:

4/21/99 786 4092