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

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90033 045 ***150.00

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DOCOMENT	π	VU	20	Ö	ı

1. Corporation Name

FOURLLS	S, INC.					!			
Deinein al Dine	of Dunings	Mailing Address					- 100110110110110110110110110110110110110	01401 01010 01401 4101	BIBNI BIBNI 1881
Principal Place 13396 76TH STI L:IVE OAK FL 3 US	REET	13396 76TH STREET LIVE OAK FL 32060 US					DO NOT WRITE IN 3. Date Incorporated or Qualifed 12/23/1991	I THIS SPACE	
· · · · · · · · · · · · · · · · · · ·			_				4. FEI Number		Applied For
· ·	lace of Business	2a. Mailing Address					59-3122565		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.							Additional
22	#, 610.	27					5. Certifcate of Status Desired	· · · · ·	Required
City & Stat	e	City & State					6. Election Campaign Financing	\$5.0	0 May Be
23		28					Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry			8. This corporation owes the current y	ear Intangible	
24	25	29	30				Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent			1		10. Name and Address of New Regis	tered Agent	
	0 BRIDEORS 0			81	Name)			
	IS, BRADFORD C.			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
,	4 96TH PLACE			L					
LIVE	OAK FL 32060			83					
				84	City			FL 85 Zip	Code
11, Pursuant	to the provisions of Sections 607 050	02 and 607.1508. Florida Statu	les, the a	bov	e-named	d corpo	ration submits this statement for the purp	ose of changing i	ts registered
office or r agent. I a	egistered agent, or both) in the State m familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized orda Stati	l by utes	the corp	poration	s board of directors. I hereby accept the	appointment as	registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	Registered	Ager	nt signature	required v	when reinstating)	ATE	 [
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TI	TLE				☐ Change	
NAME	LEWIS, LEROY D. SR.		1.2 N	ME					
STREET ADDRESS	ROUTE 7, BOX 6		1.3 ST	REE	T ADDRESS	3			ļ
CITY-ST-ZIP	LIVE OAK FL		1.4 Cl	TY-S	T- ZIP				
TITLE	ST	☐ DELETE	2.1 Ti	TLE				Change	Addition
NAME	BRADFORD, LEWIS		2.2 N	ME					-
STREET ADDRESS	RT 7 BOX 6 NA		2.3 ST	REE	TADDRESS	S			
CITY-ST-ZIP	LIVE OAK FL		2.4 C	.π Υ -\$	ST-ZIP				
TITLE	D	☐ DELETE	3.1 T	TLE				☐ Change	Addition
NAME	LEWIS, LAWRENCE LEE		3.2 N	ME		İ			}
STREET ADDRESS	ROUTE 7, BOX 6		3.3 \$1	REE	TADDRESS	s			
CITY-ST-ZIP	LIVE OAK FL		3.4. C	ITY-S	ST- ZIP				
TITLE	D	☐ DELETÉ	4.1 TI	TLE				☐ Change	e
NAME	Lewis, Leroy D. Jr.		4. 2 N	AME					
STREET ADDRESS	ROUTE 7 BOX 6		4.3 S1	REE	TADDRESS	s			
CITY-ST-ZIP	LIVE OAK FL		4.4 CI	TY-S	IT-ZIP	1			53.1 (1995)
TITLE	,	☐ DELETÉ	5.1 TT					Change	e 🔲 Addition
NAME			5.2 N						
STREET ADDRESS					T ADDRESS	S			
CITY-ST-ZIP				~	T-ZIP	<u> </u>		ПС 	
TITLE		☐ DELETE	6.1 TI					☐ Chang	e 📋 Addition
NAME			6.2 N		T ADDRESS				
CTREET ADODESS	Ī.		■ 0.3 S i	ITEE	I MUNICOS	J [1

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 ceptat 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 ecceiver of trusted 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 own a attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

MAnayure required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-362-5009