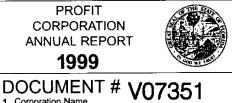
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90094 034 ***150.00

CALDWE	LL ENTERPRISES, INC.							
Principal Place	e of Business	Mailing Address				- I	BIRTH BIRTH BIRTH B	I DI DINI I I DI
223 COVENTRY CT ORMOND BEACH FL 32174 223 COVENTRY CT ORMOND BEACH FL 32174						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
						01/16/1992		(
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ar	plied For
21 26						59-3111785	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 . Fee Re	Additional equired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		28		~ .	,	Trust Fund Contribution		to Fees
Zip 24	Country 25	Zip	Count	try		This corporation owes the current year li Personal Property Tax.	ntangible Yes	□No
24	9. Name and Address of Curren	1-71	<u> </u>			10. Name and Address of New Registered	1 Agent	
			8	И	Name			
CALDWELL, GREGORY LEE 223 COVENTRY CT				32	Street Addre	ddress (P.O. Box Number is Not Acceptable)		
ORMOND BEACH FL 32174			8	33				
			8	34	City	F	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, th								
office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was aut	honzed t	ov tr	he corporatio	n's board of directors. I hereby accept the app	ointment as re	egistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	legistered A	gent :	signature required	when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITL	Ε			☐ Change	Addition
NAME	OALDWELL, GREGOTT LEE		1.2 NAM	E				Į
STREET ADDRESS	LEG COVERNIN CT		1.3 STRI	EET/	ADDRESS			1
CITY-ST-ZIP	ORMOND BEACH FL			1,4 CITY-ST-ZIP				T Addition
TITLE	D	☐ DELETE	2.1 TITL	E			Change	☐ Addition
NAME	CALDWELL, JERRY LEE		2.2 NAM	E				
STREET ADDRESS			2.3 STR	EETA	ADDRESS	•		
CITY-ST-ZIP	DAYTONA BEACH FL		2.4 CIT		-ZIP		(7) Channa	☐ Addition
TITLE	☐ DELETE 3.17		3.1 TITL	E			☐ Change	☐ Addition
NAME			3.2 NAM		ļ			İ
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CIT		-ZIP		☐ Change	Addition
TITLE	-		4.1 TITL					
NAME			4. 2 NAA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITL		-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE		C) perrie	5.2 NAM				_ •	_
NAME					ADDRESS			
STREET ADDRESS			5.4 CITY					1
CITY-ST-ZIP		☐ DELETE	6.1 TITL				☐ Change	Addition
NAME			6.2 NAM	Œ				
STREET ADORESS			6.3 STR	EET/	ADDRESS			

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 of the receiver or truetee 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 arreadyess, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:/

CITY-ST-ZIP