Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90269 038 \*\*\*150.00

## 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** 

## **DOCUMENT # V23173**

CITY-ST-ZIP

1. Corporation Name ATLANTIC COAST FENCE, INC.					
AILANI	O COMOT FENCE, INC.				E 1883 I 81818 11888 11888 1188 1189 1888 1898 1891 81811 81811 81811 81813 81811 81811 81811 81811 81811 8
Principal Place of Business Mailing Address				( \$55% \$11010 15000 168) (56% (6500 161) 250% 210% 210% 210% 210%	
17101 NW 38TH AVE. 17101 NW 38TH AVE.					
OKEECHOBEE FL 34972 US  OKEECHOBEE FL 34972 US  US					DO NOT WRITE IN THIS SPACE
00					3. Date Incorporated or Qualifed
			·		03/23/1992
Principal Place of Business     Za. Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4. FEI Number Applied For
21 26				65-0321350 Not Applicable	
Suite, Apt. #, etc.					5. Certificate of Status Desired   \$8.75 Additional
22   27   City & State   City & State				Fee Required	
		— ·			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
<b>23</b>	<u> </u>		Country	/	This corporation owes the current year Intangible
24	25 29 30		30		Personal Property Tax.
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
			81	Name	<b>:</b>
CHAMBERS, BILLY J			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
17101 N.W. 38TH AVE. OKEECHOBEE FL 34972					
UNE	EUNUBEE FL 34972		83	1	<u>,</u>
			84	City	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,					FL 33 25 Cook
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	thorized by	the corpora	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE					ļ
	Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg			nt signature requ	uired when reinstating)  DATE  ADDITION OF CHANGE AND DIRECTORS IN 12
12.	PD OFFICERS A	FICERS AND DIRECTORS 13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	CHAMBERS, BILLY J		1.1 TITLE 1.2 NAME	Ì	_ onongo
STREET ADDRESS	17101 N.W. 38TH AVE.			T ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CITY-S		<del>;</del>
TITLE	VIII VIII VIII VIII VIII VIII VIII VII	☐ DELETE	2.1 TITLE		. Change Addition
NAME			2.2 NAME		•
STREET ADDRESS			2.3 STREET ADDRESS		•
CITY-ST-ZIP	Y-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE		☐ DELEJE	3.1 TITLE		☐ Change ☐ Addition
NAME	321		3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	•
CITY-ST-ZIP	Document		3.4, CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE			4.1 TITLE		Change Addition
NAME STREET ASPESSO	1		4,2 NAME	TADORESS	
STREET ADDRESS			4.3 STREE		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	,, <u>E</u> II	☐ Change ☐ Addition
NAME			5.2 NAME		·
STREET ADDRESS			5.3 STREE	TADDRESS	
CITY-ST-ZIP		·	5.4 CITY-5	ST- ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
TWINE		6.2 NAME	İ	i	
STREET ADDRESS			6.3 STREE	TADDRESS	'

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