May 04, 1999 8:00 am Secretary of State

05-04-1999 90169 005 ***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**

| DOCUI | MENI# | V23923 | | | | | | |
|---|--------------------------|--|--|-----------------------|--------------------------|---------------|--|---------------------------------|
| 1. Corporatio | ii Maille | | | | | | | |
| CANTER | BROOK, INC | • | | | | | | |
| | | | | | | | l – Liebli billik klere klie iblik klere iliki bilik | elen alan bibin alah bibin bibi |
| | | | | | | | | ELEN ELEN ELEN ELEN ELEN ELEN |
| Principal Plac | e of Business | | Mailin | g Address | | | 1 | |
| | | | | ROUTE 2. BOX 54 | | | | |
| BRISTOL FL 32321 | | | HI-WAY G-270 NORTH BRISTOL FL 32321 | | | | DO NOT WRITE IN THIS | S SPACE |
| | | | DNISTC | L FL J2J21 | | | 3. Date Incorporated or Qualifed | 301700 |
| | | | | | | | 03/24/1992 | Ĭ |
| 2. Principal P | lace of Business | | 2a. Mailing Address | | | | 4. FEI Number | Applied For |
| 21 | | | 26 | | | | 59-3384605 | Not Applicable |
| Suite, Apt. | #, etc. | | | ite, Apt. #, etc. | <u> </u> | | | \$8.75 Additional |
| 22 | | | 27 | | | | 5. Certifcate of Status Desired | Fee Required |
| City & Stat | 6 | | Cit | ty & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | | 28 | | | | Trust Fund Contribution | Added to Fees |
| Zip | | Country | Zip |) | Country | | 8. This corporation owes the current year In | ntangible |
| 24 | 25 | | 29 | ; | 30 | | Personal Property Tax. | ☐ Yes ☐ No |
| | 9. Name and | Address of Current | Registere | d Agent | | | 10. Name and Address of New Registered | I Agent |
| HAT | - | - | | | 81 Nan | ne .T | immy HATC. | 704 |
| HATCHER, SAMUEL T | | | | | | | is (P.O. Box Number is Not Acceptable) - | 47 |
| HI-WAY C-270 NORTH | | | | | | 1-1 | VA4 C-270 NOT | In. |
| SWEETWATER COMMUNITY BRISTOL SLOGGE | | | | | | | | NILY |
| BRISTOL FL 32321 | | | | | | 7) | | 85 Lin Code 1 |
| | | | | | \ \ \ | _12' | Y13101 FI | -132321 |
| 11. Pursuant | to the provisions | of Sections 607.0502 | and 607.1 f Florida S | 508 Florida Statutes | s, the above-name | ed corpor | Ation submits this statement for the purpose of the | f changing its registered |
| agent. I a | m familiar with, a | nd accept the obligati | ons of, Se | ction 607.0505, Flori | da Stalujes! | 11 | 7. | 7 00 |
| SIGNATURE JIMMY HATCHER S/MMY WATCHES 4-11-99 | | | | | | | | |
| 12. | Signature, typed or prin | ted rime of registered agent OFFICERS AND | | | Registeren Agent signatu | re required v | ADDITIONS/CHANGES TO OFFICERS A | NO DIRECTORS IN 12 |
| TITLE | PVST | OFFICERS AND | DIRECTO | DELETE / | 1/1 TITLE | THAN | SIDEN, T | Change Addition |
| NAME | HATCHER, SA | MUEL T | | | 1.2 NAME | 17 | mmy HALCher_ | |
| STREET ADDRESS | | 2, BOX 54, HI-WA | V C-270 | NORTH ! | 1.3 STREET ADDRE | \ 67. | an At 2 BOX 54 | } |
| CITY-ST-ZIP | BRISTOL FL 3 | | 11 0-210 | NORTH | 1.3 STREET ADDRE | ~ 3 | 15 F/a 3232 | _ |
| TITLE | D | <u> </u> | | □ DELETE | 2.1 TITLE | +0 | SecreTROLL | Change Addition |
| NAME | HATCHER, SA | MUELT | | _ | 2.2 NAME | 1 : | Timmy HATCher | `_ |
| STREET ADDRESS | | 2, BOX 54, HI-WA | Y C-270 | NORTH | 2.3 STREET ADDRE | se | STAN AT 2 BUX | 54 |
| CITY-ST-ZIP | BRISTOL FL 3 | | 0 2,0 | ······ | 2.4 CITY-ST-ZIP | ~ | Bristal FIA 32 | -321 |
| TITLE | DINGIOLIE | ,LUE 1 | | DELETE | 3.1 TITLE | +- | P. () () | ☐ Change ☐ Addition |
| NAME I | | | | _ | 3.2 NAME | - 1 | | |
| STREET ADDRESS | ! | | | | 3.3 STREET ADDRE | ss | | |
| CITY-ST-ZIP | • | | | | 3.4. CITY-ST-ZIP | İ | _ | Í |
| TITLE | | | | ☐ DELĒTE | 4.1 TITLE | 1 | Director | Change Addition |
| NAME | ! | | | | 4. 2 NAME | | Fimmy HARDE | 27 |
| STREET ADDRESS | l | | | | 4.3 STREET ADDRE | ss _ | BANKT, 2 BOX | 54. |
| CITY-ST-ZIP | 1 | | | | 4.4 CITY-ST-ZIP | 7 | Rristal AM 37 | 23ス/ |
| TITLE | | | | ☐ DELETE | 5.1 TITLE | | · · · · · · · · · · · · · · · · · · · | Change Addition |

CITY-ST-ZIP 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 doporation 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 12 if changed, or on an attachnient fifth an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

☐ DELETE

Change

Addition