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 # V40207 1. Corporation Name

	OE, INC.							
						1 (180) (181) (181) (181) (181) (181) (181) (181) (181) (181) (181)	ON EDEN COM E	
				٠.				
Principal Plac	e of Business	Mailing Address						
20600 W PENN	AVE.	20600 W PENN AVE.				,		
STE 1 DUNNELLON FI	34431	ste 1 Dunnellon Fl 34431				DO NOT WRITE IN THIS S	SPACE.	; · .
US	L 54451	US				3. Date Incorporated or Qualifed		
						06/01/1992		
2. Principal P	Place of Business	2a. Mailing Address	•			4. FEI Number	Ap	plied For
21	•	26				59-3134279	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		•	5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Inta		_/
24	25		30					☑No
	9. Name and Address of Curren	t Registered Agent		81 Na	me	10. Name and Address of New Registered A	agent	-
FFR	RING, ROBERT D.			142	une			
18.334057	E RIVERSIDE DRIVE		. [82 St	eet Addre	ess (P.O. Box Number is Not Acceptable)		
DUNNELLON FL 34434		· -		83	- <u>-</u>	ार्ड स्टाइन्स के बहु हैंगार रहे हैं के राज्य प्राप्त कर है। स्टाइन्स के स्टाइन्स के स्टाइन्स स्टाइन्स के स्टाइन्स के स्टाइन्स के स्टाइन्स के स्टाइन्स के स्टाइन्स के स्टाइन	201 5 100 100 10 10 10 10 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PRODUCTORS
90000 W. C.T.	1 A14 ²⁷	markan a court of the co		84 Ci	•	FL	85 Zip C	
31. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statute	es, the al	ove-nar	ned corpo	pration submits this statement for the purpose of o	changing its	registered
Nagent I a	im familiar with, and accept the obliga		rida Statu	ites.	o poratio	n's board of directors. I hereby accept the appoin	1	,
US SIGNATURE		###						.
	Signature, typed or printed frame of registered ager							
12.				Agent sign:	ture required	ADDITIONS (CHANGES TO DESIGNED AND	n DIRECTO	DC IN 12
		ID DIRECTORS	13.		iture required	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D		13.	LE .	ature required		D DIRECTO	RS IN 12
TITLE NAME	D Ferring, Robert D.	ID DIRECTORS	13. 1.1 TIT 1.2 NA	LE ME		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME STREET ADDRESS	D Ferring, Robert D. 4057 E. Riverside Dr	ID DIRECTORS	13. 1,1 TIT 1,2 NA 1,3 ST	LE ME REET ADOF		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME	D Ferring, Robert D.	ID DIRECTORS	13. 1,1 TIT 1,2 NA 1,3 ST	LE ME REET ADOR Y-ST-ZIP		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D Ferring, Robert D. 4057 E. Riverside Dr	ID DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	LE ME REET ADOF Y-ST-ZIP LE		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D Ferring, Robert D. 4057 E. Riverside Dr	ID DIRECTORS	13. 1.1 TII 1.2 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA	LE ME REET ADOF Y-ST-ZIP LE	RESS	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D Ferring, Robert D. 4057 E. Riverside Dr	ID DIRECTORS	13. 1.1 TII 1.2 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI	LE ME REET ADOF TY-ST-ZIP LE	RESS	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D Ferring, Robert D. 4057 E. Riverside Dr	ID DIRECTORS	13. 1.1 TII 1.2 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI	LE ME REET ADOF Y-ST-ZIP LE ME REET ADOF TY-ST-ZIP	RESS	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ferring, Robert D. 4057 E. Riverside Dr	D DIRECTORS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI 2.4 CI	LE ME REET ADDF Y-ST-ZIP LE ME REET ADDF TY-ST-ZIP	RESS	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D FERRING, ROBERT D. 4057 E. RIVERSIDE DR DUNNELLON FL	D DIRECTORS DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA	LE ME REET ADDF Y-ST-ZIP LE ME REET ADDF TY-ST-ZIP		ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	D Ferring, Robert D. 4057 E. Riverside Dr	D DIRECTORS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST	LE ME REET ADOF Y- ST-ZIP LE ME REET ADOF TY- ST-ZIP LE ME		ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D FERRING, ROBERT D. 4057 E. RIVERSIDE DR DUNNELLON FL	D DIRECTORS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST	LE ME REET ADDR TY-ST-ZIP LE ME REET ADDR TY-ST-ZIP LE ME REET ADDR TY-ST-ZIP		ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	D FERRING, ROBERT D. 4057 E. RIVERSIDE DR DUNNELLON FL	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI	LE ME REET ADOF Y-ST-ZIP LE ME REET ADOF TY-ST-ZIP LE ME REET ADOF TY-ST-ZIP LE LE		ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	D FERRING, ROBERT D. 4057 E. RIVERSIDE DR DUNNELLON FL	D DIRECTORS DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA	LE ME REET ADOF Y-ST-ZIP LE ME REET ADOF TY-ST-ZIP LE ME REET ADOF TY-ST-ZIP LE LE	ESS ESS	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRING, ROBERT D. 4057 E. RIVERSIDE DR DUNNELLON FL	DELETE DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CIT 4.4 CIT 4.4 CIT 4.4 CIT 4.5 NA 4.5 ST 4.4 CIT 4.7 NA 4.7 NA 4.8 ST 4.4 CIT 4.4 CIT 4.7 NA 4.7 NA 4.8 ST 4.4 CIT 4.7 NA 4.7 NA 4.8 ST 4.4 CIT 4.7 NA 4.7	LE ME REET ADOR LE ME REET ADOR TY-ST-ZIP LE ME REET ADOR TY-ST-ZIP LE ME REET ADOR TY-ST-ZIP LE ME REET ADOR	ESS ESS	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D FERRING, ROBERT D. 4057 E. RIVERSIDE DR DUNNELLON FL	DELETE DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CIT 3.1 TIT 3.2 NA 3.3 ST 3.4 CIT 4.1 TIT 4.2 NA 4.3 ST 4.4 CIT 5.1 TIT	LE ME REET ADOR LE ME REET ADOR TY-ST-ZIP LE ME REET ADDR TY-ST-ZIP LE ME REET ADDR TY-ST-ZIP LE ME REET ADDR TY-ST-ZIP LE ME	ESS ESS	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	D FERRING, ROBERT D. 4057 E. RIVERSIDE DR DUNNELLON FL	DELETE DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CIT 5.1 TIT 5.2 NA	LE ME REET ADOF LE ME REET ADOF TY-ST-ZIP LE ME REET ADOF	ESS ESS	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	D FERRING, ROBERT D. 4057 E. RIVERSIDE DR DUNNELLON FL	DELETE DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CIT 5.3 TIT 5.2 NA 5.3 ST	LE ME REET ADOF Y-ST-ZIP LE ME REET ADOF TY-ST-ZIP LE ME REET ADOF	ESS ESS	ADDITIONS/CHANGES TO OFFICERS AND CORRESPONDENCE OF THE PROPERTY OF THE PROPER	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRING, ROBERT D. 4057 E. RIVERSIDE DR DUNNELLON FL	DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CIT 5.1 TIT 5.2 NA 5.3 ST 5.4 CIT 5.4 CIT 5.4 CIT 5.4 CIT 5.4 CIT 5.5 CIT 5.5 CIT 5.6 CIT 5.7 TIT 5.7 TIT 5.7 TIT 5.7 TIT 5.8 TIT 5.8 TIT 5.8 TIT 5.9 TI	LE ME REET ADOF Y-ST-ZIP LE ME REET ADOF TY-ST-ZIP LE ME	ESS ESS	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME TITLE TITLE	D FERRING, ROBERT D. 4057 E. RIVERSIDE DR DUNNELLON FL	DELETE DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CIT 5.1 TIT 5.2 NA 5.3 ST 5.4 CIT 6.1 TIT	LE ME REET ADOF Y-ST-ZIP LE ME REET ADOF TY-ST-ZIP LE ME	ESS ESS	ADDITIONS/CHANGES TO OFFICERS AND CORRESPONDENCE OF THE PROPERTY OF THE PROPER	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRING, ROBERT D. 4057 E. RIVERSIDE DR DUNNELLON FL	DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CIT 5.1 TIT 5.2 NA 5.3 ST 5.4 CIT 6.1 TIT 6.2 NA	LE ME REET ADOF Y-ST-ZIP LE ME REET ADOF TY-ST-ZIP LE ME	ESS ESS .	ADDITIONS/CHANGES TO OFFICERS AND CORRESPONDENCE OF THE PROPERTY OF THE PROPER	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition 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 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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90050 043 ***150.00