Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V60670 1. Corporation Name

PRESCOTT NATIONAL, INC.

Principal Place	of Business	Mailing Address							*	
P.O. BOX 20427		P.O. BOX 7318								
BRADENTON FL		BRADENTON FL 34210				DO NOT WRI	TE IN THIS	SPACE		
**	-4	US					TE IIV TITIO].	
į, , ,						3. Date Incorporated or Qualifed 08/28/1992		*		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
21		26				65-0366643		No	t Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.				5 Continue of Status Desired		\$8.75		
		27				5. Certificate of Status Desired		Fee Re	equired	
City & State	a ·	City & State				6. Election Campaign Financing		\$5.00	May Be	
¬ ˙	•	28				Trust Fund Contribution		Added	to Fees	
23 Zip	Country	Zip	Cour	ntry		8. This corporation owes the curr	ent year int	angible		
一 、 '	25		30			Personal Property Tax.	• .	Yes Yes	□No	
24	9. Name and Address of Current					10. Name and Address of New I	Registered	Agent		
	W CALLS A CO	regions of rigon		81	Name					
· IEHL	RONALD	i	إ				11.3			
	CORTEZ ROAD WEST	•		82	Street Addr	ess (P.O. Box Number is Not Accept	able)			
	DENTON FL 34210		.	83		- 1985年また。 とうしょ 49年度 ハイドリ リアビビディ連合を選択で選択する場合に行われた。	3168 841	34. 11.11	(12) 4 (2) (25)	
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			Į.		City		FL	_ `	Code	
0.0 200 000	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607 1508. Florida Statute	s the ab	Dove-I	named corp	oration submits this statement for the	purpose of	changing its	registered.	
office or r	egistered agent, or both, in the State of	of Florida. Such change was au	thorized	by th	ne corporation	on's board of directors. I hereby acce	pt the appo	intment as re	gistered	
⊡agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statu	ites.					(名) [
SIGNATURE	a frame	NOTE:	5	A	dan at usa sa sudan	durbon minerations (C. 3.)	DATE		<u> </u>	
						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
	Signature, typed or printed name of registered agent			Agents	adustria radina		FICERS AI	ND DIRECTO	DRS IN 12	
12.	OFFICERS ANI	D DIRECTORS	13.		SIGNACO O TOCUMO	ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	ORS IN 12	
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6.4 CITY-ST-ZIP

SIGNATURE:

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 it 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 chapted, or on an attachment with an address, with all other like empowered.

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90049 030 ***150.00