Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90036 041 ***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 # V67532

1. Corporatio	n Name				
SIX FOR	TY FOUR CORPORATION) (B)
ļ					
Dringing Plac	o of Business	Mailing Address			
644 3RD AVE S PO BOX 16766 ST PETERSBURG FL 33701 ST PETERSBURG FL 33733					
US				I DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 09/25/1992	
2. Principal P	Place of Business	2a. Mailing Address		4." FEI Number	Applied For
21		26		59-3162793	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		3 .	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curren	
24	25	29	30	Personal Property Tax.	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Reg	jistered Agent
TESSIER, ANNETTA I.				TESSIER , Jose	<u> 4. h Al</u>
644 THIRD AVE SOUTH 82 Street Add			Idress (P.O. Box Number is Not Acceptable	(L) C	
ST PETERSBURG FL 33701			83	BEAT WILLIAM	7/ = 2 1 1/
				t. Peters Bung, F	7 35 101
			84 City		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the above-named co	reporation submits this statement for the pu ation's board of directors. I hereby accept t	rpose of changing its registered
office or i	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was au	thorized by the corporalida Statutes.	ation's board of directors. I hereby accept t	he appointment as registered
_		~ .	JOLOK H	lessee	1-6-99
SIGNATURE	Jes eph H. Tees/E Signature, typedior printed name of registered ag	jent and title if applicable. (NOTE:	Registered Agent signature requ		DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
11TLE	PSD	☐ DELETE	1.1 TITLE	1	Change C Addition
NAME	ANNETTA L. TESSIER		1.2 NAME	: •	
STREET ADDRESS	4351 106TH DRIVE NORTH		1.3 STREET ADDRESS	i	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	VPRES TREAS DIR	Change
TITLE	PTD	☐ DELETE	2.1 TITLE	Joseph TessiER.	. A cliginge - Accident
NAME	JOSEPH H. TESSIER		2.2 NAME	JOSOPH 12357ER.	
STREET ADDRESS			2.3 STREET ADDRESS	· [4]	
CITY-ST-ZIP	CLEARWATER FL	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE		□ DELETE	3.2 NAME		
NAME				ı	
STREET ADDRESS			3.3 STREET ADORESS 3.4. CITY-ST-ZIP	1	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
TITLE			4. 2 NAME		_ ,
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		•
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		Change Addition
NAME		<u> </u>	5.2 NAME	ì !	
STREET ADDRESS			5.3 STREET ADDRESS	<u> </u>	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	İ	
77TLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP