FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

921 SOUTH BROAD STREET

BROOKSVILLE FL 34601

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 20, 1999 8:00 am

Secretary of State

02-20-1999 90148 034 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 10/02/1002

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V69047**

Principal Place of Business

921 SOUTH BROAD ST.

BROOKSVILLE FL 34601

TADDRESS

NATURE:

T-ZIP

AMUNDSEN FAMILY HOLDINGS, INC.

	i lace of business	2a. Mailing Address				10/02/1002		
î		26				4. FEI Number		Applied For
_ Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.				<u>59-3152059</u>		Not Applicable
<u> </u>		27				5. Certifcate of Status Desired	\$8.7	5 Additional
City & S	tate	City & State				5. Certificate of Status Desired		Required
.]		<u>⊢</u> ¬ '				6. Election Campaign Financing		
Zip	Country	28				Trust Fund Contribution	\$5. 0	May Be
7	25	Zip	Co	untry		8. This corporation owes the current year	Adde	d to Fees
<u> </u>		29	30			Personal Property Tax.		_
	9. Name and Address of Curren	t Registered Agent		T		10. Name and Address of New Registere	L Yes	□No
AM	iundsen, Henry D.			81 Nar	ne	and Address of New Registere	a Agent	
921 SOUTH BROAD ST.				<u> </u>				
BOONGHILE IN A COLO				82 Stre	et Addres	s (P.O. Box Number is Not Acceptable)		
DHI	OOKSVILLE FL 34601			83				
				0.3				
				84 City				
i. Pursuani	to the provision of O. V.		i			C		Code
office or	registered agent, or both, in the State of	and 607.1508, Florida Statute:	s, the at	ove-name	ed corpora	tion submits this statement for the purpose of board of directors. I hereby accept the appoint	<u>- </u>	
agent. I a	am familiar with, and accept the obligation	ons of Section 607 0505 Flori	thorized	by the co	rporation's	board of directors. I hereby accept the appropriate	it changing it	s registered
GNATURE		MUNCEL	ua Statt	ites.		s, except the appl	/ as r	egistered
	Signature, typed or printed name of registered agent a		Pagiatara	•		2/1/	√⁄9 ?	i
<u> </u>	OFFICERS AND	DIRECTORS	13.	ngent signatui	e required wh	en reinstating) DAYE	4-17-	
Æ	P	[] DELETE				ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
Æ	AMUNDSEN, HENRY D.		1.1 TITI			· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition :
EET ADDRESS	5286 DE;TPMA B;VD		1.2 NAI	Æ			•	
-ST-ZIP	SPRING HILL FL 34606		1.3 STF	EET ADDRES	s			j
	VP		1.4 CITY	/-ST-ZIP	1			
_	**	☐ DELETE	2.1 TITL	E	 			
-	AMUNDSEN, CAROLE L.		2.2 NAM	F	ł		☐ Change	☐ Addition
ET ADDRESS	5286 DELTONA BLVD				. }			ľ
-ST-Z!P	SPRING HILL FL 34606	İ		EET ADDRESS	1			1
. 7		☐ DELETE		/-ST-ZIP	 			ł
		C) DEED IE	3.1 TITLE	Ē			☐ Change	Addition
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UITER			3.4. CITY	-ST-ZIP	İ			1
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ST-ZIP				ET ADDRESS	1			ļ
		☐ DELETE	4.4 CITY-	ST-ZIP		<u> </u>		ł
		₩ DELETE	5.1 TITLE				Change	Addition
TADDRESS			5.2 NAME	i	l		vildinge	Addition
			5.3 STREE	TADDRESS		•		.
IT-ZIP			5.4 CITY-5	ST-ZIP				ļ
		☐ DELETE	6.1 TITLE					
- 1			C (3)))				☐ Change	Addition

6.3 STREET ADDRESS

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 allock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

MANUEL OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP