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Secretary of State

03-01-1999 90022 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 307876
 1. Corporation Name
FINLEY INVESTMENT CO.



Principal Place of Business Mailing Address
3069 E. CARRIGAN CANYON DR. **P.O. BOX 58717**
SALT LAKE CITY UT 84109 **SALT LAKE CITY UT 84158-0717**
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/03/1966

4. FEI Number **59-1224632** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
21 1788 Hubbard Ave. **26**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
 City & State City & State
23 Salt Lake City, UT **28**
 Zip Country Zip Country
24 84108 **25 USA** **29** **30**

9. Name and Address of Current Registered Agent
HEINTZELMAN, VIRGINIA
2655 LAKE SHORE DR
ORLANDO FL 32803

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Virginia H. Heintzelman* DATE **27 Jan 1999**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, FINLEY M	1.2 NAME	
STREET ADDRESS	3069 CARRIGAN CANYON DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, MARILYN H	2.2 NAME	
STREET ADDRESS	3069 E CARRIGAN CANYON DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBLER, JENNIFER	3.2 NAME	
STREET ADDRESS	3069 E CARRIGAN CANYON DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINTON, JANE H	4.2 NAME	
STREET ADDRESS	2001 BROWNING AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT 84018	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVANCOVICH, JOYCE H	5.2 NAME	
STREET ADDRESS	342 RUMA RANCHO AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORTERVILLE CA 93257	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jennifer Tobler* **1/6/99** **801-487-4048**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)