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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700034671

DAAC INC

RAAC, INC.

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90028 036 ***150.00

Principal Place	e of Business	Mailing Address				- E 1884 BB tilb 1881 i BBit BBitt B	
2600 S. FLORIDA AVE.		2600 S. FLORIDA AVE.					
LAKELAND FL 33803		LAKELAND FL 33803				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
						04/16/1997	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For	╗.
21		26				59-3439041 Not Applicabl	<u>e</u>
Suite, Apt. #, etc.		— — · · ·	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required	-
22		City & State					\dashv
City & State		<u> </u>	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
23 Zip	Country	Zip	Co	ountry		This corporation owes the current year Intangible	7
24	25	29	30	,		Personal Property Tax.	
<u></u> 1	9. Name and Address of Curre					10. Name and Address of New Registered Agent	
				81	Name		
HULL, CRAIG					Street Addre	ss (P.O. Box Number is Not Acceptable)	┪
1109 E. ORANGE ST.							_
LAK	ELAND FL 33801			83			•
				84	City	FL 85 Zip Code	7
11 Duraunnt	to the previsions of Sections 607.05	02 and 607 1508 Florid:	a Statutes the	ahove	a-named corno	eration submits this statement for the purpose of changing its registered	_
office or re	egistered agent, or both, in the State	e of Florida. Such change	e was authoriz	ed by	tne corporation	n's board of directors. I hereby accept the appointment as registered	
ŭ	m familiar with, and accept the oblig	ations of, Section 607.05	ous, Florida Sia	atutes.	•	χ' 1	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Register	red Agen	t signature required	when reinstating) DATE	_]
12.	OFFICERS A	ND DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
TITLE	D	☐ DEI	LETE 1,1	TITLE	1	. Change Additi	on 3
NAME	HULL, CRAIG		1.2	NAME			}
STREET ADDRESS	1109 E. ORANGE ST.		1.3	STREET	ADDRESS	·	
CITY-ST-ZIP	LAKELAND FL 33801					•	{
TITLE	D			CITY-ST		Change Claddit	
NAME		☐ DEI	LETE 2.1	CITY-ST		☐ Change ☐ Addit	on C
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	2600 S. FLORIDA AVE.	□ DEI	2.1 2.2 2.3	CITY-ST TTTLE NAME STREET	T-ZIP	Change Addit	on C
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORY

1/11/98 Date 9V/-680-3322 Daytime Phone #