

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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90065 048 ***150.00

DOCUMENT # P98000039067

1. Corporation Name

I-10 PECAN HOUSE, INC.

Principal Place of Business

RTE. 1, BOX 159
MONTICELLO FL 32344

Mailing Address

RTE. 1, BOX 159
MONTICELLO FL 32344

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1998

4. FEI Number

59-3518637

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$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 Rt. 1, Box 91-A
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 Monticello, FL
City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOBLES, OLAN Q
RTE. 1, BOX 159
MONTICELLO FL 32344

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME NOBLES, OLAN Q
STREET ADDRESS RTE. 1, BOX 159
CITY-ST-ZIP MONTICELLO FL 32344

TITLE VPD
NAME WALKER, ERMA JEAN
STREET ADDRESS RTE. 3, BOX 134
CITY-ST-ZIP MONTICELLO FL 32344

TITLE STD
NAME NOBLES, CYNTHIA M
STREET ADDRESS RTE. 1, BOX 159
CITY-ST-ZIP MONTICELLO FL 32344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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: Cynthia M. Nobles 3/1/99 850-997-1699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0055725