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

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90053 017 *****8.75
03-02-1999 90053 018 ***150.00

058448/78

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **G08107**

1. Corporation Name
VIKING CONCEPTS, INC.

Principal Place of Business	Mailing Address
4819 TAMIAMI TR CHARLOTTE HARBOR FL 33980 US	12915 SOUTHWEST KINGS CIR LAKE SUZY FL 33821 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1982

4. FEI Number: 59-2237967 ☐ Applied For ☐ Not Applicable

5. Certifcate 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	26 8515 CHESEBRO AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 North Port, FL
24 Zip / 25 Country	29 34287 / 30 SARASOTA

9. Name and Address of Current Registered Agent

OLSEN, EUGENE A.
12915 SOUTHWEST KINGS CIRCLE
LAKE SUZY FL 33821

10. Name and Address of New Registered Agent

81 Name: GARY J PARKES
82 Street Address (P.O. Box Number is Not Acceptable): 8515 CHESEBRO AVE
83
84 City: North Port **FL** 85 Zip Code: 34287

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: GARY J. PARKES — Gary J Parkes — 1/12/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST OLSEN, EUGENE A 12915 SOUTHWEST KINGS CIRCLE LAKE SUZY FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PST GARY J PARKES 8515 CHESEBRO AVE North Port, FL 34287	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OLSEN, EUGENE A 12915 SOUTHWEST KINGS CIRCLE LAKE SUZY FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D GARY J PARKES 8515 CHESEBRO AVE North Port, FL 34287	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VP FRANCINE PARKES 8515 CHESEBRO AVE NORTH PORT, FL 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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: GARY J PARKES PRESIDENT — 1/12/99 — (941) 766-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #