

DOCUMENT # P94000075563

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90075 005 ***150.00



DO NOT WRITE IN THIS SPACE

1. Entity Name
APPLETON ENTERPRISES, INC.

Principal Place of Business Mailing Address
5796 66TH ST. N. 1460 SEAGULL DR.
SAINT PETERSBURG FL 33709 #12
US PALM HARBOR FL 34685
US

2. Principal Place of Business 3. Mailing Address
2635 SUNSET PT. RD. 2635 SUNSET PT. RD.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
CLEARWATER FL CLEARWATER FL 59-3276489 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
33759 USA 33759 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
APPLETON, COLIN Name COLIN APPLETON
1460 SEAGULL DR. Street Address (P.O. Box Number is Not Acceptable)
#12 1460 SEAGULL DR
PALM HARBOR FL 34685 APT 112
City PALM HARBOR FL Zip Code 34685

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE DATE 1.3.01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|--|
| TITLE | PD APPLETON, ANN 1460 SEAGULL DR., #12 #112 PALM HARBOR FL 34685 | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1.3.01 727 786 4761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)