Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90221 013 ***150.00

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

DOCUMENT # 230755

1. Corporation Name DECKS, INCORPORATED OF FLORIDA.									
								0:1 1: 1:1 1: 1:1 :	OLANI ALDIY HARY Didyi bidiy kada
Principal Place of Business Mailing Address						- 		i e leli eleli	Oldii sini inat
1920 LAKE AVE., SE 4. LARGO, FL 34641 1920 LAKE AVE., SE 4. LAR			30. FL 3	3464	1				
P O BOX 4753	•	P O BOX 4753	P O BOX 4753			DO NOT INDITE IN T		DA OF	
CLEARWATER FL 34618- 33758		CLEARWATER FL 34618- 33758			DO NOT WRITE IN THIS SPACE				
	33 , 20					3. Date Incorporated or Qualifed 12/03/1962			ļ
Deineine (Di	leas of Dusiness	2a. Mailing Address				4. FEI Number			oplied For
<u> </u>	lace of Business	26. Washing Address			59-0899816			lot Applicable	
Suite, Apt.	# etc		Suite, Apt. #, etc.						Additional
22	<i>n</i> , 5.6.	27			5. Certifcate of Status Desired			lequired	
. City & State	e	City & State			6 Election Campaign Financing-		\$5.00	May Be	
23		28			Trust Fund Contribution		•	to Fees	
Zip	Country	Zip Country			8. This corporation owes the current year	r Intan	gible	_	
24	25	29 3	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Register	red Ag	jent	
1504/1	N IOUN W			81	Name				
IRWIN,JOHN W			ŀ	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
1920 LAKE AVENUE SE #6									
LARGO FL 34641 - つろうつ \				83					
	33771	•	İ	84	City		-,	85 Zip	Code
1								opging if	e registered
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statutes of Florida. Such change was aut	s, the at thorized	by t	-named corpo the corporatior	pration submits this statement for the purpose n's board of directors. I hereby accept the ap	point	nent as r	egistered
agent. I a	m familiar with, and accept the obliga-	ations of, Section 607.0505, Florid	da Statu	ites.					
SIGNATURE		ALOTE: E	2naietorad	Agont	t signature required	when reinstating) DATE			
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	vAein	i signatore required	ADDITIONS/CHANGES TO OFFICERS		DIRECT	ORS IN 12
TITLE	VD DELETE			1.1 TITLE				Change	
NAME	IRWIN, JOHN W.			1.2 NAME					
STREET ADDRESS	1920 LAKE AVE SE #6			REET	ADDRESS				;
CITY-ST-ZIP	LARGO FL			ry-ST	r-ZIP				
TITLE	SD DELETE			2.1 TITLE				Change	Addition
NAME	IRWIN,DOROTHY Y			2.2 NAME					
STREET ADDRESS	1920 LAKE AVE SE #6			REET	ADDRESS				
CITY-ST-ZIP	LARGO FL			2. 4 CITY-ST-ZIP					
TITLE				3.1 TITLE			:	Change	Addition
NAME	BOSWELL, G. WILLIAM JR		3.2 NA	3.2 NAME					
STREET ADDRESS	1920 LAKE AVE SE #6		3.3 ST	REET	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		3.4. CI	TY-S	T-ZIP			- 	
TITLE				4.1 TITLE				Change	. Addition
NAME	BROWN, JANICE L.		4. 2 N	AME	1				:
STREET ADDRESS	1920 LAKE AVE SE #6		4.3 ST	REET	ADDRESS				
CITY-ST-ZIP	LARGO FL		4.4 CIT	TY-ST	r-ZIP				
TITLE		☐ DELETE	5.1 ΤΠ		}		1	Change	Addition
NAME			5.2 NA		•				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CIT		r-ZIP				Addition
TITLE	i		6.1 TIT	ᄹ	- 1			Change	

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 change or or an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS