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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 322508 1. Corporation Name

VENUOUD VODES

LAKEWOOD ACKES, INC.	
Principal Place of Business	Mailing Address
6909 BEACH BLVD. LEISURE BEACH HUDSON FL 34667	6909 BEACH BLVD. LEISURE BEACH HUDSON FL 34667

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90054 018 ***150.00

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/25/1967 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1226821 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional □-. 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEAN,B E 82 Street Address (P.O. Box Number is Not Acceptable) 8031 ISLAND DRIVE **PORT RICHEY FL 34668** 83 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition NAME DEAN.B E 1.2 NAME 817 ISLAND DRIVE STREET ADDRESS 1.3 STREET ADDRESS PORT RICHEY FL CITY-ST-ZIP 1.4 CITY-ST-ZIF TITLE DELETE 2.1 TITLE Change Addition NAME PAXTON, PAULA D 2.2 NAME 6909 BEACH BLVD STREET ADDRESS 2.3 STREET ADDRESS **HUDSON FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition NAME DINGUS, FRANCES M 32 NAME 6909 BCH BLVD, LEISURE BC STREET ADDRESS 3.3 STREET ADDRESS HUDSON FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4 1 TITLE Change Addition NAME SMITH, JENNIFER M. 4. 2 NAME STREET ADDRESS 6909 BEACH BLVD 4.3 STREET ADDRESS **HUDSON FL 34667** CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 51TITLE ☐ Change ☐ Addition NAME PAXTON, JAMES N 5.2 NAME STREET ADDRESS 6909 BEACH BLVD 5.3 STREET ADDRESS **HUDSON FL** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZiP 6.4 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:

bay SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

QUIAMES N. PAXTON

2/3/99 Date

Daytime Phone #

CR2E034 (11/98)