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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # 422389 1. Corporation Name

PADDLE OF FLORIDA, INC.

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

04-20-1999 90250 022 ***150.00



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Principal Place of Business Mailing Address						1 81811 BIBIT BIBIT I	LINTI MINIT LAND	
300 5TH AVE S NAPLES FL 33940-6524 33940-6524 NAPLES FL 33940-6524					DO NOT WRITE IN THIS SPACE			
* • • •	الم الرابية - مستمع		·		3. Date incorporated or Qualifed		******	
					03/30/1973			
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	ĺ
21		26			59-1447829		t Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re		
City & State		City & State	<i>├</i> ¬ '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		Zip	Zip Country		8. This corporation owes the current year Intangible			
1		29			Personal Property Tax.			1
	 9. Name and Address of Curr 	ent Registered Agent			10. Name and Address of New Registere	d Agent		ł
DADD	VITMOTHY DECO			81 Name				1
	Y, TIMOTHY R., ESQ. ER, SECREST & EMERY			82 Street Add	ddress (P.O. Box Number is Not Acceptable)			1
	AUREL OAK DR., STE 400			83				
NAPLI	ES FL 33963			04 City		. 85 Zip	Code	
	' .			84 City	F			
office or re	o the provisions of Sections 607.0 gistered agent, or both, in the Sta familiar with, and accept the obli	ite of Florida. Such`change wa	s authorized	by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the purpose ion's board of directors.	of changing its ointment as re	registered gistered)
SIGNATURE	•							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				Agent signature requi	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	NDC IN 12	100
12.		AND DIRECTORS DELETE	13.	- T	ADDITIONS/CHANGES TO OFFICERS	Change ☐	Addition	=
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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 society 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: