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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 568406

(3)

PLAYGROUND SHELL SERVICE, INC.

FILED
May 07 1997 8:00am
Secretary of State



Principa! Place of Rusiness 12 HOLLYWOOD BLVD. SW FORT WALTON BEACH FL 32548		Mailing Address 12 HOLLYWOOD BLVD. SW FORT WALTON BEACH FL 32548-4848		I (40)4) Bills Bills Land Land Gifte Bill Albe Bill Bible Bill Albe Albe Albe Albe Albe Albe Albe Al		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		59-1827742		Not Applicable
Stite, Apl	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired		Additional Required
City & Stat	0	City & State		6. Election Campaign Financin	o \$5.0	0 May Be
23		28		Trust Fund Contribution		d to Fees
Ζip	Country	Zip	Country	B. This corporation has liability	for intangible tax unde	r s. 199.032,
24	25	29	30	Florida Statutes	Yes No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New	Registered Agent	
	I DYKE, GEORGE R., JR		81 Name			
	HOLLYWOOD BLVD SW		82 Street Add	dress (P.O. Box Number is Not Acce	p ia ble)	
	CORAL DRIVE SW			1 Elliott Koon	ck	
FT \	WALTON BEACH FL 32548		63			
			84 City		85 Z	ip Code
			Mar	zu Esther	<u> </u>	2569
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stati	utes, the above-hamed con	rporation submits this statement for t ation's board of directors. I hereby a	ne purpose of changing	g its registered
agent. La	rn familiar with, and accept the oblig	ations of Section 607.0505.	lorida Statutes.	anone board of directors. Thereby a	soopt the appointment	as registered
SIGNATURE						
	Supplied type disk printed name or registered ag		OTE: Registered Agent signature req		DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO O		
111.1	PD	☐ DELETE	1.1 TITLE		☐ Chang	e 🔲 Additior
NAME	VAN DYKE, GOERGE R., JR.		1.2 NAME			
STREET ADDRESS	201 ELLIOTT RD.		1.3 STREET ADORESS			
CHTY - ST - ZIP	MARY ESTHER FL		1.4 CITY-ST-ZIP			
THEF	SD	DELETE	2.1 TITLE		Chang	e Addition
NAME	VANDYKE, ANNE J.		2.2 NAME			
STREET AUDRÉSS	283 BRIARWOOD CIRCLE		23 STREET ADDRESS			
CHY-\$1 Zir	FT. WALTON BCH. FL		2 4 City - ST - ZiP			
1:111	TD	DELETE	3 1 TITLE		Chang	e Addition
NAME	VANDYKE, BOBBIE J.		32 NAME			
STREET ADDRESS	201 ELLIOTT RD.		3 3 STREET ADDRESS			
CHY SI-7F	MARY ESTHER FL		3 4. CITY - ST - ZIP			
1.01	VD	☐ DELETE	4.1 TITLE		Chang	e 🔲 Addition
NAME	VANDYKE, WILLIAM D.		4. 2 NAME			
STEELT ALTHRESS	283 BRIARWOOD CIRCLE		4.3 STREET ADDRESS			
CHY-ST ZIP	FT. WALTON BCH. FL		4.4 CITY - ST - ZIP			
TEFEE		DELETE	5.1 TITLE		Chang	je 🔲 Addition
NAME			5.2 NAME			
SIMELLALIDRESS			5.3 STREET ADDRESS			
CHY-S1 ZIP			5.4 CITY - ST - ZIP			
1011		DELETE	6.1 TITLE		Chang	je 🔲 Additior
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
C/TY+ST+7IP			6.4 CITY-ST-ZIP			
	by certify that the information supplie	ed with this filing does not qui		ed in Section 119.07(3)(i), Florida Sta	atutes. I further certify the	nat the

1. I do 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 of thistee proposers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

4-29-97 904-243-5714

Daytimo Phone F