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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 568406

1. Corporation Name
PLAYGROUND SHELL SERVICE, INC.

Principal Place of Business
12 HOLLYWOOD BLVD. SW
FORT WALTON BEACH FL 32548

Mailing Address
12 HOLLYWOOD BLVD. SW
FORT WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/12/1978

4. FEI Number
59-1827742
Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAN DYKE, GEORGE R., JR
201 ELLIOT ROAD
195 CORAL DRIVE SW
MARY ESTHER FL 32569

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME VAN DYKE, GOERGE R., JR.

1.2 NAME

STREET ADDRESS 201 ELLIOTT RD.

1.3 STREET ADDRESS

CITY-ST-ZIP MARY ESTHER FL

1.4 CITY-ST-ZIP

TITLE DELETE

2.1 TITLE Change Addition

NAME VANDYKE, ANNE J.

2.2 NAME

STREET ADDRESS 283 BRIARWOOD CIRCLE

2.3 STREET ADDRESS

CITY-ST-ZIP FT. WALTON BCH. FL

2.4 CITY-ST-ZIP

TITLE DELETE

3.1 TITLE Change Addition

NAME VANDYKE, BOBBIE J.

3.2 NAME

STREET ADDRESS 201 ELLIOTT RD.

3.3 STREET ADDRESS

CITY-ST-ZIP MARY ESTHER FL

3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME VANDYKE, WILLIAM D.

4.2 NAME

STREET ADDRESS 283 BRIARWOOD CIRCLE

4.3 STREET ADDRESS

CITY-ST-ZIP FT. WALTON BCH. FL

4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

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:

Bob SIGNATURE REQUIRED

3-17-99

850-243-5714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)