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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000000445 (4)

I WIN DOUBLOONS INC.	
Principal Place of Business	Mailing Address
C/O FAST FIX JEWELRY REPAIR 7171 N. DAVIS HAYY. PENSACOLA FL 32504	C/O FAST FIX JEWELRY REPAIR 7171 N. DAVIS HWY. PENSACOLA FL 32504

FILED May 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 74-2760641 21 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FRANKLIN, CATHERINE 5393 SOUNDSIDE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **GULF BREEZE FL 32561** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ligida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and applications of Section 607.0505, Florida Statules. Catherine Franklin SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICEBS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 1010 FRANKLIN, CHRISTOPHER NAME 1.2 NAME 2501-A TRAILSIDE DRIVE STREET ADDRESS 1.3 STREET ADDRESS **AUSTIN TX 78704** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE FRANKLIN, CATHERINE NAME 2.2 NAME **5393 SOUNDSIDE DRIVE** STREET ADDRESS 2.3 STREET ADDRESS **GULF BREEZE FL 32561** CITY-ST-ZIP 2. 4 CITY-\$1-ZIP DELETE TITLE 3.1 TITLE Change Addition FRANKLIN, CHRISTOPHER NAME 3.2 NAME **5393 SOUNDSIDE DRIVE** STREET ADDRESS 3.3 STREET ADDRESS **GULF BREEZE FL 32561** CITY-ST-ZIP 3.4. CITY - ST - ZiP DELETE Addition TITLE 4.1 TITLE Change NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 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 suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the corporation or the deceiver or turble emprowered 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 attackment with attackness.

Catherine Franklin