

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90043 014 ***150.00

DOCUMENT # **H38346**

1. Corporation Name **Dakoby International Inc.**

Principal Place of Business
**2723 Lucerne Dr.
Tallahassee, FL
32303**

Mailing Address
**2723 Lucerne Dr.
Tallahassee, FL
32303**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/85 reinstatement 04/03/1992

4. FEI Number

59-2472949

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2723 Lucerne Dr.

Suite, Apt. #, etc.

City & State

23 Tallahassee FL

Zip

24 32303

Country

25 US

2a. Mailing Address

26 2723 Lucerne Dr.

Suite, Apt. #, etc.

City & State

28 Tallahassee FL

Zip

29 32303

Country

30 US

9. Name and Address of Current Registered Agent

**David W. Bigoney
2723 Lucerne Dr.
Tallahassee, FL
32303**

10. Name and Address of New Registered Agent

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, 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

4-30-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**Director
David W. Bigoney
2723 Lucerne Dr.
Tallahassee, FL 32303**

TITLE ☐ DELETE

**Director
Jeffrey J. Smith
25 Seabreeze Ave. #304
Delray Beach, FL 33483**

TITLE ☐ DELETE

**Director
Mary K. Premack
P.O. Box N6202
Nassau, New Prov. Bahamas**

TITLE ☐ DELETE

**Director
Amy L. Forehand
1470 Hwy 326
Carnesville, GA 60521**

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Carnesville, GA 60521**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)