

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
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90128 045 ***158.75

DOCUMENT # **H69642**

1. Corporation Name
CATFISH PAD, INC.

Principal Place of Business
**1108 SOUTH MAGNOLIA
TALLAHASSEE FL 32301**

Mailing Address
**1108 SOUTH MAGNOLIA
TALLAHASSEE FL 32301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1985

4. FEI Number

59-2581498

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **PO Box 850**

Suite, Apt. #, etc.

27 City & State

28 **BRISTOL FL**

29 Zip Country

30 **32321 LIBERTY**

9. Name and Address of Current Registered Agent

**FONTAINE, DEBRA P.
1108 S MAGNOLIA
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **Gary Richards**

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

Hwy 20 West

83 **PO Box 850**

84 City **Bristol FL** 85 Zip Code **32321**

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 **Gary Richards** **Gary Richards** **PRESIDENT**

3/14/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **FONTAINE, DEBRA P.**
STREET ADDRESS **1108 S. MAGNOLIA**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **ST** ☒ DELETE
NAME **FONTAINE, JON PAUL**
STREET ADDRESS **1108 S. MAGNOLIA**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **Gary Richards**
1.3 STREET ADDRESS **PO Box 850**
1.4 CITY-ST-ZIP **Bristol FL 32321**

2.1 TITLE **Sec/Treas** ☒ Change ☐ Addition
2.2 NAME **MURTL Richards**
2.3 STREET ADDRESS **PO Box 850**
2.4 CITY-ST-ZIP **Bristol FL 32321**

3.1 TITLE **VP** ☐ Change ☒ Addition
3.2 NAME **Debra P Fontaine**
3.3 STREET ADDRESS **1108 S. Magnolia**
3.4 CITY-ST-ZIP **Tallahassee FL 32301**

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:

DEBRA FONTAINE **5-June 99** **850 578 0053**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)