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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90034 049 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # K61425

1. Corporation Name
DON'S DIRT, INC.

Principal Place of Business

**25725 EXMOOR DR.
SORRENTO FL 32776**

Mailing Address

**25725 EXMOOR DR.
SORRENTO FL 32776**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1989

4. FEI Number

59-2930484

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 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**CARLAND, PHILIP A
345 E SR 436 ST 101
FERN PARK FL 32730**

10. Name and Address of New Registered Agent

81 Name **MARILYN MORRISON**

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

83 **25725 EXMOOR DRIVE**

84 City **SORRENTO** **FL** **85** Zip Code **32776**

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

Marilyn Morrison - V.P.

2-16-99

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 ☐ DELETE

**PD
MORRISON, DON
25725 EXMOOR AVE
SORRENTO FL**

TITLE ☐ DELETE

**VSD
MORRISON, MARILYN
25725 EXMOOR AVE
SORRENTO FL**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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:

Marilyn Morrison - MARILYN MORRISON

Date

Daytime Phone #

2-16-99 352-383-4369

CR2E034 (11/98)