

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90137 043 ***150.00

DOCUMENT # K86321

1. Corporation Name
THE MENAGERIE, INC.

Principal Place of Business

3090 DAME ROAD
FORT PIERCE FL 34984
US

Mailing Address

PO BOX 12628
STORE 8
FORT PIERCE FL 34981
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1989

4. FEI Number

65-0133654

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

9. Name and Address of Current Registered Agent

STOCKINGER, OLGA P.
3604 COTTONWOOD DR.
FT. PIERCE FL 34981-2203

10. Name and Address of New Registered Agent

81 Name SHARON FARRIS
82 Street Address (P.O. Box Number is Not Acceptable)
3090 DAME RD
83
84 City FT PIERCE FL 85 Zip Code 34981

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPS
NAME STOCKINGER, OLGA P.
STREET ADDRESS 3604 COTTONWOOD DR
CITY-ST-ZIP FT PIERCE FL
☒ DELETE

TITLE VP
NAME FARRIS, FRANK C., JR.
STREET ADDRESS 3090 DAME ROAD
CITY-ST-ZIP FT PIERCE FL 34981
☐ DELETE

TITLE T
NAME FARRIS, SHARON
STREET ADDRESS 3090 DAME ROAD
CITY-ST-ZIP FT PIERCE FL 34981
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

1.1 TITLE PRESIDENT
1.2 NAME GLORIA L. WILLIAMS
1.3 STREET ADDRESS 3604 COTTONWOOD DR
1.4 CITY-ST-ZIP FT PIERCE FL 34981
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 a full power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)