

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 26, 1999 8:00 am  
Secretary of State

04-26-1999 90236 021 \*\*\*150.00

DOCUMENT # L21910

1. Corporation Name

LOCKIE PRODUCTS, INC.

Principal Place of Business

950 OLD DIXIE HWY  
LAKE PARK FL 33403  
US

Mailing Address

950 OLD DIXIE HWY  
LAKE PARK FL 33403  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1989

4. FEI Number

65-0153582

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.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

PETSEL, DOUGLAS G  
3640 GULL ROAD  
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name Sharon A. Morton

82 Street Address (P.O. Box Number is Not Acceptable)  
11578 FIR Street

83

84 City Palm Beach Gardens FL 85 Zip Code 33410

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

Sharon A. Morton

4/22/99

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME PETSEL, DOUGLAS G.

STREET ADDRESS 3683 HOLLY DR

CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE CEO ☐ DELETE

NAME Sharon A. Morton

STREET ADDRESS 11578 FIR

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

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 Petsel, Douglas G.

1.3 STREET ADDRESS 1700 N. Estrella CT Apt 108

1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

2.1 TITLE CEO ☐ Change ☒ Addition

2.2 NAME Sharon A. Morton

2.3 STREET ADDRESS 11578 FIR Street

2.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

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:

Sharon A. Morton

Date

Daytime Phone #

CR2E034 (11/98)

0066904