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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N15160**

1. Corporation Name
PUNTA GORDA DAYS, INC.

Principal Place of Business	Mailing Address
3440 CONWAY BLVD 2-C PORT CHARLOTTE FL 33952	3440 CONWAY BLVD 2-C PORT CHARLOTTE FL 33952

2. Principal Place of Business 21 326 MARION AVE.	2a. Mailing Address 26 P.O. BOX 510486	3. Date Incorporated or Qualifed 05/29/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2674886 ☐ Applied For ☐ Not Applicable
City & State 23 PUNTA GORDA, FL.	City & State 28 PUNTA GORDA, FL.	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 33950 25 USA	Zip / Country 29 33951-0486 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DEES, FRED B
3440 CONWAY BLVD
2-C
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name BRUCE LAISHLEY
82 Street Address (P.O. Box Number is Not Acceptable) 27575 JONES LOOP Rd.
83
84 City PUNTA GORDA FL 85 Zip Code 33982

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE X Bruce Laishley BRUCE LAISHLEY, PRES. 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LAISHLEY, BRUCE		1.2 NAME	
STREET ADDRESS	27575 JONES LOOP RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33982		1.4 CITY-ST-ZIP	
TITLE	DT	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DEES, FRED B JR		2.2 NAME	
STREET ADDRESS	P O BOX 511033 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33951		2.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DALLENBACH, MIKE		3.2 NAME	
STREET ADDRESS	25173 RECIFE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WATTS, FRED		4.2 NAME	
STREET ADDRESS	23200 BILLINGS AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 617, 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: x Bruce Laishley SIGNATURE REQUIRED BRUCE LAISHLEY 2/16/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)