#### **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

### 1999

## DOCUMENT # N9400002040

1. Corporation Name

M.A.D. DADS OF LAKE WALES, INC.

Principal	Place	of	Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

415 "E" ST. LAKE WALES FL 33853

P.O. BOX 3659 LAKE WALES FL 33853

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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# **FILED** Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90062 012 \*\*\*\*61.25

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	A BB!!! 1811/181/18   PP  88/1 1811	
	a <b>a a</b> in <b>a e</b> na <b>a e</b> na a e a e a e a e a e a e a e a e a e	- I HERIKUEL BIR IBIKI BUBU RULU

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

04/22/1994

59-3425991

4. FEI Number

23		28								Fee R	equired
Zip	Country	Zip		Country		6	Election Camp	-	П	•	May Be
24	25	29	30	<u> </u>			Trust Fund Co				to Fees
	9. Name and Address of	Current Registered Age	int			10	). Name and Ad	dress of New	Registered .	Agent	
				81	Name						
PETERSO	n, narvel			82	Street Ad	ddress (	P.O. Box Numbe	er is Not Accept	table)		
415 "E" S											
LAKE WAI	LES FL 33853			83							,
				84	City				F۱	85 Zip	Code
								tota and for the		changing its	rogistered
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	Signature, typed or printed name of regis	tered agent and title if applicable.	(NOTE: Rec	sistered Agen	t signature requ	uired wher	reinstating)		DATE		<del></del>
12.		ERS AND DIRECTORS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.		· · · · · · · · ·	ADDITIONS/CH	IANGES TO OF	FFICERS AN	D DIRECTO	ORS IN 12
TITLE	CD		DELETE	1.1 TITLE						☐ Change	Addition
NAME	WILLIAMS, JERRY J			1.2 NAME							
STREET ADORESS	116 SO. WETMORE ST.			1.3 STREET	ADDRESS						
CITY-ST-ZIP	LAKE WALES FL 33853			1.4 CITY-ST	-ZIP						
TITLE	VCD		DELETE	2.1 TITLE						☐ Change	Addition
NAME	HAYES, BURNEY			2.2 NAME							
STREET ADDRESS	302 FLORIDA AVE.			2.3 STREET	ADDRESS						
CITY-ST-ZIP	LAKE WALES FL 33853			2. 4 CITY-S	T-ZIP				<u></u>		FT Addition
TITLE	SD	L	DELETE	3.1 TITLE						☐ Change	Addition
NAME	WILLIAMS, HELEN			3.2 NAME							
STREET ADDRESS				3.3 STREET	ADDRESS						
CITY-ST-ZIP	LAKE WALES FL 33853			3.4. CITY-S	T-ZIP					Channe	☐ Addition
TITLE	D	ι	DELETE	4.1 TITLE						Change	
NAME	MANLEY, THEOPHILUS			4.2 NAME							
STREET ADDRESS	510 CRESCENT CIRCLE			4.3 STREET	ADDRESS						ļ
CITY-ST-ZiP	LAKE WALES FL 33852		7 251 575	4.4 CITY-S	-ZIP					☐ Change	☐ Addition
TITLE	D	ŧ	DELETE	5.1 TITLE 5.2 NAME						□ Criainge	Addition
NAME	PETERSON, HELEN				ADDRESS						
STREET ADDRESS				5.3 STREET							
CITY-ST-ZIP	LAKE WALES FL 33853		] DELETE	5.4 CITY-S' 6.1 TITLE	1-41					Change	☐ Addition
TITLE	D	Į	וויבננינ.								
NAME	PETERSON, NARVEL			6.2 NAME							ļ
STREET ADDRESS	415 "E" STREET			6.3 STREET							
CITY-ST-ZIP	LAKE WALES FL 33853			6.4 CITY-S				Iorida Statutes			

indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati 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:

Applied For

\$8.75 Additional

Fee Required

Not Applicable