

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90011 036 ****61.25

DOCUMENT # N95000001408

Corporation Name

M.A.D. DADS OF SUWANNEE COUNTY, INC.

Principal Place of Business

4 W LINCOLN AVE
LIVE OAK FL 32060

Mailing Address

P.O. BOX 524
LIVE OAK FL 32060
US

614337-90011-36



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		26		03/23/1995	
City & State		27 Suite, Apt. #, etc.		4. FEI Number	
28		29		59-3302319	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PHILMORE, ALONZO 514 WEST LINCOLN AVE. LIVE OAK FL 32060				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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		NOTE: Registered Agent signature required when reinstating		DATE																																																																																																																																																					
Signature, typed or printed name of registered agent and title if applicable.																																																																																																																																																									
<table border="1"> <thead> <tr> <th colspan="2">OFFICERS AND DIRECTORS</th> <th colspan="2">13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</th> </tr> </thead> <tbody> <tr> <td>E</td> <td>D</td> <td>1.1 TITLE</td> <td>DIRECTOR</td> <td><input type="checkbox"/> Change</td> <td><input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>E</td> <td>RILEY, CLIFTON</td> <td>1.2 NAME</td> <td>LEE PHILMORE, JR</td> <td></td> <td></td> </tr> <tr> <td>E</td> <td>723 S. HOUSTON AVE.</td> <td>1.3 STREET ADDRESS</td> <td>1215 W 7TH ST</td> <td></td> <td></td> </tr> <tr> <td>E</td> <td>LIVE OAK FL 32060</td> <td>1.4 CITY-ST-ZIP</td> <td>LIVE OAK, FL 32060</td> <td></td> <td></td> </tr> <tr> <td>E</td> <td>D</td> <td>2.1 TITLE</td> <td>DIRECTOR</td> <td><input type="checkbox"/> Change</td> <td><input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>E</td> <td>CAMPBELL, HARRY</td> <td>2.2 NAME</td> <td>MAURICE PERKINS</td> <td></td> <td></td> </tr> <tr> <td>E</td> <td>RT. 3 BOX 374</td> <td>2.3 STREET ADDRESS</td> <td>505 LAFAYETTE AVE</td> <td></td> <td></td> </tr> <tr> <td>E</td> <td>LIVE OAK FL 32060</td> <td>2.4 CITY-ST-ZIP</td> <td>LIVE OAK, FL 32060</td> <td></td> <td></td> </tr> <tr> <td>E</td> <td>D</td> <td>3.1 TITLE</td> <td>DIRECTOR R</td> <td><input type="checkbox"/> Change</td> <td><input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>E</td> <td>DEPASS, GENE</td> <td>3.2 NAME</td> <td>RANDY HENDERSON</td> <td></td> <td></td> </tr> <tr> <td>E</td> <td>31 SW WOOD ST.</td> <td>3.3 STREET ADDRESS</td> <td>200 S MLK/ OHIO AVE</td> <td></td> <td></td> </tr> <tr> <td>E</td> <td>LIVE OAK FL 32060</td> <td>3.4 CITY-ST-ZIP</td> <td>LIVE OAK, FL 32060</td> <td></td> <td></td> </tr> <tr> <td>E</td> <td>D</td> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </tr> <tr> <td>E</td> <td>SKIERSKI, SAM</td> <td>4.2 NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td>1400 E. HOWARD ST.</td> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td>LIVE OAK FL 32060</td> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td>D</td> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </tr> <tr> <td>E</td> <td>CARTER, EARL SR.</td> <td>5.2 NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td>755 SW HOUSTON AVE.</td> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td>LIVE OAK FL 32060</td> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td>D</td> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </tr> <tr> <td>E</td> <td>PHILMORE, ARNOLD J</td> <td>6.2 NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td>RT. 8 BOX 1124</td> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td>LIVE OAK FL 32060</td> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		E	D	1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	E	RILEY, CLIFTON	1.2 NAME	LEE PHILMORE, JR			E	723 S. HOUSTON AVE.	1.3 STREET ADDRESS	1215 W 7TH ST			E	LIVE OAK FL 32060	1.4 CITY-ST-ZIP	LIVE OAK, FL 32060			E	D	2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	E	CAMPBELL, HARRY	2.2 NAME	MAURICE PERKINS			E	RT. 3 BOX 374	2.3 STREET ADDRESS	505 LAFAYETTE AVE			E	LIVE OAK FL 32060	2.4 CITY-ST-ZIP	LIVE OAK, FL 32060			E	D	3.1 TITLE	DIRECTOR R	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	E	DEPASS, GENE	3.2 NAME	RANDY HENDERSON			E	31 SW WOOD ST.	3.3 STREET ADDRESS	200 S MLK/ OHIO AVE			E	LIVE OAK FL 32060	3.4 CITY-ST-ZIP	LIVE OAK, FL 32060			E	D	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	E	SKIERSKI, SAM	4.2 NAME				E	1400 E. HOWARD ST.	4.3 STREET ADDRESS				E	LIVE OAK FL 32060	4.4 CITY-ST-ZIP				E	D	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	E	CARTER, EARL SR.	5.2 NAME				E	755 SW HOUSTON AVE.	5.3 STREET ADDRESS				E	LIVE OAK FL 32060	5.4 CITY-ST-ZIP				E	D	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	E	PHILMORE, ARNOLD J	6.2 NAME				E	RT. 8 BOX 1124	6.3 STREET ADDRESS				E	LIVE OAK FL 32060	6.4 CITY-ST-ZIP			
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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:

SIGNATURE REQUIRED

6/3/99 (904)
758-0433

CR2E037 (11/98)