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Jan 20, 1999 8:00am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT



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

1999

DOCUMENT # N97000003715

1. Corporation Name

M.A.D. D.A.D.S. OF SARASOTA, INC.

Principal Place of Business

1701 N. TAMiami TrL  
SARASOTA FL 34234

Mailing Address

1701 N. TAMiami TrL  
SARASOTA FL 34234



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/27/1997

4. FEI Number

65-0778625

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

9. Name and Address of Current Registered Agent

MECK, GLENDA  
1701 N TAMiami TrL  
SARASOTA FL 34234

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME THOMAS, RICKEY  
STREET ADDRESS 1322 24TH ST.  
CITY-ST-ZIP SARASOTA FL 34234

TITLE D ☐ DELETE  
NAME DUPREE, JEROME  
STREET ADDRESS 1432 17TH ST.  
CITY-ST-ZIP SARASOTA FL 34234

TITLE D ☐ DELETE  
NAME MOCK, GLENDA  
STREET ADDRESS 1701 N. TAMiami TrL  
CITY-ST-ZIP SARASOTA FL 34234

TITLE D ☐ DELETE  
NAME BROOKS, PHILLIP J  
STREET ADDRESS 2400 COLSON AVE.  
CITY-ST-ZIP SARASOTA FL 34234

TITLE D ☐ DELETE  
NAME CHERRY, BARBARA  
STREET ADDRESS 3907 BAYSHORE  
CITY-ST-ZIP SARASOTA FL 34234

TITLE D ☐ DELETE  
NAME ABRAMS, AL  
STREET ADDRESS 1710 22ND  
CITY-ST-ZIP SARASOTA FL 34234

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-2-99 941 365-1342

CR2E037 (1/98)