

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000003363

1. Corporation Name

MAD DADS OF WAKULLA COUNTY, INC.

Principal Place of Business

P.O. BOX 415
CRAWFORDVILLE FL 32326

Mailing Address

P.O. BOX 415
CRAWFORDVILLE FL 32326

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90022 024 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
06/10/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59 3519068

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLES, REGINALD E
53 PINK GREEN ROAD
SOPCHOPPY FL 32358

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **WILLIAMS, CLYDE D JR**
CITY-ST-ZIP **297 DONALDSON WILLIAMS RD.**
CRAWFORDVILLE FL 32327

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **NELSON, RANDY**
1.4 CITY-ST-ZIP **134 KATHY ANN DRIVE**
CRAWFORDVILLE, FL 32327

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **DUNLAP, WILLIAM J**
CITY-ST-ZIP **P.O. BOX 325 N/A**
SOPCHOPPY FL 32358

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **PORTER, LEON**
2.4 CITY-ST-ZIP **1193 SOPCHOPPY HWY**
SOPCHOPPY, FL 32358

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **COLES, REGINALD E**
CITY-ST-ZIP **53 PINK GREEN RD**
SOPCHOPPY FL 32358

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D/P**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **FRANKLIN, HERBERT**
CITY-ST-ZIP **391 DONALDSON WILLIAMS RD**
CRAWFORDVILLE FL 32327

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **HANWAY, JULIA**
4.4 CITY-ST-ZIP **3128 CRAWFORDVILLE HWY**
CRAWFORDVILLE FL 32326

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **NELSON, GEORGE**
CITY-ST-ZIP **P.O. BOX 644 N/A**
CRAWFORDVILLE FL 32327

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **HANWAY, JULIA**
5.4 CITY-ST-ZIP **3128 CRAWFORDVILLE HWY**
CRAWFORDVILLE, FL 32326

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **ROSIER, OSSIE B**
CITY-ST-ZIP **29 PINK GREEN RD**
SOPCHOPPY FL 32358

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **CARTER, ANDREA**
6.4 CITY-ST-ZIP **77 FRANK JONES Rd**
CRAWFORDVILLE, FL 32324

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: **7**

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/99
Date

850 962 2012
Daytime Phone #

CR2E037 (5/99)