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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000005947

1. Corporation Name
DICKHEADS INTERNATIONAL INC.

Principal Place of Business	Mailing Address
%SQUEEZE IN PUB 5005 S RIDGEWOOD AVE PORT ORANGE FL 32127	%SQUEEZE IN PUB 5005 S RIDGEWOOD AVE PORT ORANGE FL 32127

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/19/1998
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number ☐ Applied For ☒ Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOWSER, ROBIN R %SQUEEZE IN PUB 5005 S RIDGEWOOD AVE PORT ORANGE FL 32127	81 Name EDWARD PHILLIPS PRES 82 Street Address (P.O. Box Number is Not Acceptable) %SQUEEZE IN PUB 83 5005 S. RIDGEWOOD AVE 84 City PORT ORANGE FL 85 Zip Code 32127

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 Edward V Phillips 3-24-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOWSER, ROBIN R %SQUEEZE IN PUB, 5005 S RIDGEWOOD AVE PORT ORANGE FL 32127	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	pres/D edward PHILLIPS 4370 SPRUCE CREEK RD PORT ORANGE,FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP/D BOWSER ROBIN 514 RIDGEWOOD AVE HOLLY HILL, FL. 32117	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SEC/D RONALD SPRY %SQUEEZE IN PUB PORT ORANGE FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TRES./D ALICE E. HUMPHREY 304 FOX PLACE PORT ORANGE, FL. 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: Edward V Phillips 3-24-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #