

AMENDMENT TO ANNUAL REPORT
FILE NOW: FILING FEE AFTER MAY-1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

99 JUN -9 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 93000005340

1. Corporation Name

Pickles Inc.

Principal Place of Business

Mailing Address

28050 Winthrop Cir.
Bonita Springs, Fla.
34134

28050 Winthrop Cir.
Bonita Springs, Fla.
34134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/1/97

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

4. FEI Number

65-0383007

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

600002404686--3

-06/15/99--01031--026

84 City

*****61.25 *****61.25

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 President
NAME Carol Massey
STREET ADDRESS 28050 Winthrop Cir.
CITY-ST-ZIP Bonita Springs, Fla. 34134

1.1 TITLE Vice President
1.2 NAME Ronald Massey
1.3 STREET ADDRESS 28050 Winthrop Cir.
1.4 CITY-ST-ZIP Bonita Springs, Fla. 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Secretary
2.2 NAME Donald S. Jordan
2.3 STREET ADDRESS 271 21st St. N.W.
2.4 CITY-ST-ZIP Naples, Fla. 34100

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Treasurer
3.2 NAME Carol Massey
3.3 STREET ADDRESS 28050 Winthrop Cir.
3.4 CITY-ST-ZIP Bonita Springs, Fla. 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 607, 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

6/7/99 941-495-2850

CRZE034 (11/98)