

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
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90056 013 ***150.00

DOCUMENT # P93000020581

1. Corporation Name
49TH PARALLEL CORPORATION

Principal Place of Business
1917 17TH ST.
SARASOTA FL 34234
US

Mailing Address
1917 17TH ST.
SARASOTA FL 34234
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/17/1993

4. FEI Number
65-0398500

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCOOEYE, WAYNE
1917 17TH ST.
SARASOTA FL 34234

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 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 D ☐ DELETE
NAME MCCOOEYE, WAYNE
STREET ADDRESS 4222 ESCONDITO CIR
CITY-ST-ZIP SARASOTA FL

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Wayne McCooeye
1.3 STREET ADDRESS 1917 17th St
1.4 CITY-ST-ZIP Sarasota, FL 34234

TITLE D ☐ DELETE
NAME MCCOOEYE, JEANETTE
STREET ADDRESS 4222 ESCONDITO CIR
CITY-ST-ZIP SARASOTA FL

2.1 TITLE Vice President ☒ Change ☐ Addition
2.2 NAME Jeanette McCooeye
2.3 STREET ADDRESS 1917 17th St
2.4 CITY-ST-ZIP Sarasota, FL 34234

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 REQUIRED

Wayne McCooeye

Date

1/4/99

Daytime Phone #

941/559-3333

CR2E034 (11/98)

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