FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P93000064898 (8)

MONGOOSE, INC.

FILED Jul 02 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						/	
7884 SW INDIAN MOUND RD. 7884 SW INDIAN MOUND ARCADIA FL 34266 ARCADIA FL 34266							
						IN THIS SPACE	
					3. Date Incorporated or Qualified 09/17/1993		
	lace of Business	2a. Mailing Addre	ss		4. FEI Number	LA	pplied For
21		26			65-0444169	N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			etc.		5. Certificate of Status Desired		Additional lequired
City & State City & State 28				Election Campaign Financing Trust Fund Contribution		May Be	
Ζiρ	Country	Zip	Country	···	8. This corporation owes or has pa		
24	25	29 30			Personal Property Tax due June 30. Yes No		
	9. Name and Address of Cu	rrent Registered Agent	10. Name and Address of New Registered Agent				
GASKINS, JERRY W PATRICIA GASKINS							
7884 \$W INDIAN MOUND RD.				82 Street Address (P.O. Box Number is Not Acceptable)			
ARCADIA FL 33821				7884 S.W. INDIAN MOUND ROAD			
			83]
			84	City		85 Zip	Code
				΄ Δ Ι	RCADIA	FL 33	R 2 2 1
11. Pursuant to the provisions of Sections 607.0502 and 607.1509. 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 Buch 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 607.050\$. Florida Statutes.							
SIGNATURE	Patricia)		6/17/08	į			
		d agent and title if applicable	(NOTE: Registered Age	nt signature requir	red when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
THILE	PD BANIELO MICHAELA	☐ DEL	***************************************	D	PATRICIA GASKINS	L Change	X Addition
NAME	DANIELS, MICHAEL A		1.2 NAME		7884 INDIAN MOUNI	ROAD	
STREET ADDRESS	\$347 BROWN RD. ARCADIA FL 33821		1.3 STAEET		ARCADIA FLORIDA	33821	
CITY+\$T-ZIP TITLE	STD	X DEL	1.4 CRY-S				
NAME	G ASKINS, JERRY W	M VEL			/P	L Change	☐ Addition
STREET ADDRESS	7884 SW INDIAN MOUND	חמ	2.2 NAME	G	askins, Gregory E	•	
CITY-ST-ZIP	ARCADIA FL 33821	ND.	2.3 STREET	ADDRESS	884 SW Indian Mou	nd Rd	
TITLE	MICHOIN I E COOL I	DE1	2. 4 GITY - S ETE 3.1 TITLE	1-ZIP A	rcadia, F1 34266	Change	Addition
NAME		, DEC	3.1 ME			FT CHANGE	AUDICION
STREET ADDRESS	-		3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4, CITY- S				
TITLE		☐ DEL		'	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	- ZIP			ŀ
TITLE		☐ DEL				☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
City-St-ZiP			5.4 CITY-S1	- ZIP			ľ
TITLE	-	DELI	TE 6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			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 empoyed do to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or on an attachment with an address.