

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

DOCUMENT # **P93000064898**

1. Corporation Name  
**MONGOOSE, INC.**

Principal Place of Business  
**7884 SW INDIAN MOUND RD.  
ARCADIA FL 34266**

Mailing Address  
**7884 SW INDIAN MOUND RD  
ARCADIA FL 34266**

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90276 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/17/1993**

4. FEI Number

**65-0444169**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$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  
**1528 Highway 17 S.**

2a. Mailing Address  
**1528 Highway 17 S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23. City & State  
**Arcadia, Florida**

28. City & State  
**Arcadia, Florida**

24. Zip Country  
**34266 USA**

29. Zip Country  
**34266 USA**

9. Name and Address of Current Registered Agent

**GASKINS, PATRICIA  
7884 SW INDIAN MOUND RD.  
ARCADIA FL 33821**

10. Name and Address of New Registered Agent

81. Name  
**Patricia Gaskins, Personal Rep./Estate**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**1528 Highway 17 S. of Jerry Gaskins**  
83. City  
**Arcadia, FL**  
85. Zip Code  
**34266**

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

TITLE  
**PD**  
NAME  
**DANIELS, MICHAEL A**  
STREET ADDRESS  
**3347 BROWN RD.**  
CITY-STATE-ZIP  
**ARCADIA FL 33821**

TITLE  
**D**  
NAME  
**GASKINS, PATRICIA**  
STREET ADDRESS  
**7884 SW INDIAN MOUND RD.**  
CITY-STATE-ZIP  
**ARCADIA FL 33821**

TITLE  
**VP**  
NAME  
**GASKINS, GREGORY B**  
STREET ADDRESS  
**7884 SW INDIAN MOUND RD**  
CITY-STATE-ZIP  
**ARCADIA FL 34266**

TITLE  
  
NAME  
  
STREET ADDRESS  
  
CITY-STATE-ZIP

TITLE  
  
NAME  
  
STREET ADDRESS  
  
CITY-STATE-ZIP

TITLE  
  
NAME  
  
STREET ADDRESS  
  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  
**Secretary/Treasurer**  
2.2 NAME  
**1528 Highway 17 S.**  
2.3 STREET ADDRESS  
**Arcadia, Florida 34266**  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
**Director**  
4.2 NAME  
**Dane Hancock**  
4.3 STREET ADDRESS  
**516 Bontona Avenue**  
4.4 CITY-STATE-ZIP  
**Ft. Lauderdale, Florida 33301**

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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

**4/21/99**

Date

**941-444-1222**

Daytime Phone #

CR2E034 (1/98)