

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90153 046 ***150.00

DOCUMENT # P94000012462

1. Corporation Name

VILLAGE WAGON, INC.



Principal Place of Business

5 COCONUT ROW
DAYTONA BEACH SHORES FL 32118

Mailing Address

5 COCONUT ROW
DAYTONA BEACH SHORES FL 32118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1994

4. FEI Number

59-3234153

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

21 Village Wagon Inc.

2a. Mailing Address

26 292 Bern St.

Suite, Apt. #, etc.

22 292 Bern St.

Suite, Apt. #, etc.

27 Port Orange FL

City & State

23 Port Orange FL

City & State

28

Zip Country

24 32127 25

Zip Country

29 32127 30

9. Name and Address of Current Registered Agent

PIASECKI, EDMUND J III
5 COCONUT ROW
PORT ORANGE FL 32118

10. Name and Address of New Registered Agent

81 Name Edmund J. Piasecki III

82 Street Address (P.O. Box Number is Not Acceptable) 292 Bern St. Port Orange FL

83 32127

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

4/29/99

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME PIASECKI, EDMUND J III
STREET ADDRESS 5 COCONUT ROW
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Edmund J. Piasecki III ☐ Change ☐ Addition
1.2 NAME 292 Bern St.
1.3 STREET ADDRESS Port Orange FL 32127
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99 904 322-9718

CR2E034 (11/98)

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