

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 # P95000005146

1. Corporation Name
ATCHISON EXOTICS, INC.

Principal Place of Business

9625 HAPPY HOLLOW RD
DELRAY BEACH FL 33446
US

Mailing Address

1247 GONDOLA COURT
BOYNTON BEACH FL 33426
US

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90011 025 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1995

4. FEI Number

65-0556865

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ATCHISON, JAMES K
1247 GONDOLA COURT
BOYNTON BEACH FL 33426

81 Name

Atchison, James K

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

9625 Happy Hollow Road

83

84 City

Delray Beach

FL

85 Zip Code

33446

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ATCHISON, JAMES K
1247 GONDOLA COURT
BOYNTON BEACH FL 33426

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
ATCHISON, CONNIE L
1247 GONDOLA COURT
BOYNTON BEACH FL 33426

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

9625 Happy Hollow Rd
Delray Beach FL 33446

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

9625 Happy Hollow Rd
Delray Beach FL 33446

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Connie Atchison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Connie Atchison 1-7-99 561-444-3327

CR2E034 (11/98)