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FILED

Feb 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040083 (4)

1. Corporation Name
DOCKSIDE DON'S, INC.



Principal Place of Business

8801 E. BAY DRIVE
UNIT 1
TREASURE ISLAND FL 33706

Mailing Address

8801 E. BAY DRIVE
UNIT 1
TREASURE ISLAND FL 33706-3329

3. Date Incorporated or Qualified

05/22/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-3319918

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PETERSON, JAMES D
8801 E. BAY DRIVE
UNIT 1
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

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 type and printed name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PETERSON, JAMES D
STREET ADDRESS 8801 E. BAY DRIVE, UNIT 1
CITY-STATE-ZIP TREASURE ISLAND FL 33706

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

25 TITLE ☐ Change ☐ Addition

26 NAME

27 STREET ADDRESS

28 CITY-STATE-ZIP

29 TITLE ☐ Change ☐ Addition

30 NAME

31 STREET ADDRESS

32 CITY-STATE-ZIP

33 TITLE ☐ Change ☐ Addition

34 NAME

35 STREET ADDRESS

36 CITY-STATE-ZIP

37 TITLE ☐ Change ☐ Addition

38 NAME

39 STREET ADDRESS

40 CITY-STATE-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J.D. Peterson (813) 2-17-97 3634067

CR2E034 (9/96)