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Jun 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000074886 (9)

1. Corporation Name

MASTERMARK PEWTER (NAPLES), INC.

Principal Place of Business

36 FIFESHIRE CRESCENT  
NEPEAN, ONT., K2E 7G8.CANADA  
OC

Mailing Address

36 FIFESHIRE CRESCENT  
NEPEAN, ONT., K2E 7G8.CANADA  
OC

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1995

4. FEI Number

APPLIED FOR

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

WRIGHT, J.D.  
% MEADOWS LEASING  
5023 RINGWOOD MEADOW  
SARASOTA FL 34235

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, 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 PEDDIE, E.Y.  
STREET ADDRESS 2331 KILDONAN AVENUE  
CITY-ST-ZIP OTTAWA, ONTARIO CANADA K2B -7L1 ☐ DELETE

TITLE STD  
NAME PEDDIE, I.  
STREET ADDRESS 2331 KILDONAN AVENUE  
CITY-ST-ZIP OTTAWA, ONTARIO CANADA K2B -7L1 ☐ DELETE

TITLE D  
NAME WRIGHT, B.C.  
STREET ADDRESS 36 FIFESHIRE CRES  
CITY-ST-ZIP WEPEAN, ONTARIO CANADA ☐ DELETE

TITLE D  
NAME WRIGHT, J.D.  
STREET ADDRESS 36 FIFESHIRE CRES.  
CITY-ST-ZIP WEPEAN, ONTARIO CANADA ☐ DELETE

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
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.

CR2E034 (10/97)

8000002549398

-06/05/98--01030--043

\*\*\*150.00

Pg 2 of 2

Form **SS-4**

# Application for Employer Identification Number

(Rev. February 1998)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>MASTERMARK PENTER (NAPLES) INC</b>	
	2 Trade name of business (if different from name on line 1) <b>NIA</b>	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>C/O MEADOWS LEASING 5023 RIVERWOOD MEADOW</b>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>SARASOTA FLA 34235</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>LEON COUNTY, FLORIDA</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <b>064-78-314</b> <b>JAMES D. WRIGHT</b>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |   |
|---|---|
| <input type="checkbox"/> Sole proprietor (SSN)                    | <input type="checkbox"/> Estate (SSN of decedent)                               |
| <input type="checkbox"/> Partnership                              | <input type="checkbox"/> Plan administrator (SSN)                               |
| <input type="checkbox"/> REMIC                                    | <input checked="" type="checkbox"/> Other corporation (specify) ► <b>PROFIT</b> |
| <input type="checkbox"/> State/local government                   | <input type="checkbox"/> Trust  |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military                            |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable)   |
| <input type="checkbox"/> Other (specify) ►                        |   |

8b If a corporation, name the state or foreign country (If applicable) where incorporated State **FLORIDA** Foreign country

- 9 Reason for applying (Check only one box.) (see instructions)
- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Started new business (specify type) ► <b>PROFIT</b> | <input type="checkbox"/> Banking purpose (specify purpose) ►               |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.)               | <input type="checkbox"/> Changed type of organization (specify new type) ► |
| <input type="checkbox"/> Created a pension plan (specify type) ►                        | <input type="checkbox"/> Purchased going business                          |
|   | <input type="checkbox"/> Created a trust (specify type) ►                  |
|   | <input type="checkbox"/> Other (specify) ►                                 |

10 Date business started or acquired (month, day, year) (see instructions) **12/31/97** 11 Closing month of accounting year (see instructions) **DECEMBER**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► **6/30/98**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) Nonagricultural **2** Agricultural Household

14 Principal activity (see instructions) ► **SALE OF FINE PENTER GIFTWARE AT RETAIL**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No  
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ Public (retail) ☐ Other (specify) ► ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No  
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► **NIA** Trade name ► **NIA**

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN  
**NIA NIA NIA**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► **J. D. WRIGHT VICE-PRES.** Business telephone number (include area code) **613-225-5570**  
Fax telephone number (include area code) **613-228-0624**

Signature ► **J Wright** Date ► **MAY 18, 1998**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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