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**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90092 011 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000018899**

1. Corporation Name  
**RANDALL TAXIDERM, INC.**



Principal Place of Business

41444 S.R. 19 NORTH  
 UMATILLA FL 32784

Mailing Address

P O BOX 104  
 ALTOONA FL 32702  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1996

4. FEI Number

59-3363527

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 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

RANDALL, CHARLOTTE  
 41444 S.R. 19 NORTH  
 UNIT  
 UMATILLA FL 32784

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  DELETE  
 D  
 NAME RANDALL, CHARLOTTE  
 STREET ADDRESS 41444 S.R. 19 NORTH, UNIT 1  
 CITY-ST-ZIP UMATILLA FL 32784

TITLE  DELETE  
 D  
 NAME RANDALL, ROD E  
 STREET ADDRESS 41444 S.R. 19 NORTH, UNIT 1  
 CITY-ST-ZIP UMATILLA FL 32784

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  Change  Addition  
 Director  
 1.2 NAME CHARLOTTE RANDALL  
 1.3 STREET ADDRESS 16714 KEEVE ROAD  
 1.4 CITY-ST-ZIP UMATILLA, FL 32784

2.1 TITLE  Change  Addition  
 President  
 2.2 NAME ROD E. RANDALL  
 2.3 STREET ADDRESS 41444 S.R. 19 N., UNIT 1  
 2.4 CITY-ST-ZIP UMATILLA, FL 32784

3.1 TITLE  Change  Addition  
 President  
 3.2 NAME PENNY S. RANDALL  
 3.3 STREET ADDRESS 41444 S.R. 19 N, UNIT 1  
 3.4 CITY-ST-ZIP UMATILLA, FL 32784

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: *Charlotte Randall* Charlotte Randall 3/1/99 352-669-2441  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)