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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000018899 1. Corporation Name

PANDALL TAYIDERMY INC.

FILED Mar 09, 1999 8:00 am Secretary of State 03-09-1999 90092 011 ***150.00

	e radicinit, ito.						
Principal Place	e of Business	Ma	illing Address				
41444 S.R. 19 I	NORTH	PC	BOX 104				
UMATILLA FL 32784			ALTOONA FL 32702				DO NOT WRITE IN THIS SPACE
		US					3. Date Incorporated or Qualifed
							03/01/1996
			Mailing Address				4. FEI Number Applied For
2. Principal P	Place of Business	\leftarrow	Mailing Address				59-3363527 Not Applicable
21		26	Suite, Apt. #, etc.				\$8,75 Additional
Suite, Apt.	#, etc.	-	Suite, Apr. #, etc.				5. Certificate of Status Desired Fee Required
22 		27	City & State				6. Election Campaign Financing \$5.00 May Be
City & Stat	le	-	City & State				Trust Fund Contribution Added to Fees
23	Country	28	Zip	Cou	intry		8. This corporation owes the current year Intangible
Zip	Country			30	y		Personal Property Tax.
24	9. Name and Address of Current	29		30	1		10. Name and Address of New Registered Agent
 	9. Name and Address of Current	Keğis	relea văeur		81	Name	10, 114,115 41,15
RAN	DALL, CHARLOTTE						
	14 S.R. 19 NORTH				82	Street Ad	dress (P.O. Box Number is Not Acceptable)
UNII					83		
	, ATILLA FL 32784				53		
OWN	CHEDA I E 02704				84	City	FL 85 Zip Code
					ĻJ		
office or I	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligat	of Florid	la. Such change was al	uthorized	ז עם נ	the corpora	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agent	and title	f applicable (NOTE	. Registered	Agent	signature requi	red when reinstating) DATE
12.	OFFICERS ANI	D DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	! D		☐ DELËTE	1.1 Ti	TLE	10	
	1 =		-			1.	The state of the s
NAME	RANDALL, CHARLOTTE			1 2 N	AME	1	Charlotte ROWOAL
NAME STREET ADDRESS	ALLEN OF TO MODELL LIBERT A		<u> </u>	1 2 N		ADORESS /	Charlotte ROWOAL
			,	1 2 N		ADDRESS /	Charlotte ROWOAL
STREET ADDRESS	41444 S.R. 19 NORTH, UNIT 1		☐ DELETE	1 2 N	TREET	ADORESS /	Charlotte ROWOAL
STREET ADDRESS	41444 S.R. 19 NORTH, UNIT 1 UMATILLA FL 32784		,	12 N 13 S 14 C	TREET TY-ST TLE	ADORESS /	Charlotte ROWOAL
STREET ADDRESS CITY-ST-ZIP TITLE	41444 S.R. 19 NORTH, UNIT 1 UMATILLA FL 32784 D RANDALL, ROD E		,	12 N 1.3 S 1.4 C 2.1 TI 2.2 N	TREET TY-ST TLE AME	ADORESS /	MARIOTHE RANDALL 16714 KEENE ROAD 16714 KEENE ROAD 16714 KEENE ROAD 16714 KEENE ROAD 16714 KANDALL 16714 CO. 19 N., UNIT 1
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	41444 S.R. 19 NORTH, UNIT 1 UMATILLA FL 32784 D RANDALL, ROD E 41444 S.R. 19 NORTH, UNIT 1 UMATILLA FL 32784	;	☐ DELETE	12 Nd 1.3 S' 1.4 C 2.1 Ti 2.2 Nd 2.3 S 2.4 C 3.1 Ti 3.2 Nd 3.3 S	TREET TLE AME TREET TTLE TTLE AME TREET	ADDRESS ADDRESS ADDRESS ADDRESS	Charlotte RANDALL JARLOTTE RANDALL JARCHAR FL 32784 RESIDENT JANDALL JAMES AND ALL JAMES A
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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.

CR2E034 (11/98)