

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90158 028 \*\*\*150.00

DOCUMENT # P96000029015

1. Corporation Name

KOONDOG CHARTERS, INC.



Principal Place of Business

12554 CAPRI CIRCLE NORTH  
TREASURE ISLAND FL 33706

Mailing Address

12554 CAPRI CIRCLE NORTH  
TREASURE ISLAND FL 33706

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

760 116th ave

2a. Mailing Address

760 116th ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Treasure Island

City & State

Treasure Island

Zip

33706

Country

USA

Zip

33706

Country

USA

3. Date Incorporated or Qualified

04/01/1996

4. FEI Number

NOT APPLICABLE

Applied For

No 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

9. Name and Address of Current Registered Agent

KOONS, GARNER C  
12554 CAPRI CIRCLE NORTH  
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name KOONS, GARNER C  
82 Street Address (P.O. Box Number is Not Acceptable)  
760 116th ave

83  
84 City Treasure Island FL 85 Zip Code 33706

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:

Garnier Koons

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 D  
NAME KOONS, GARNER C  
STREET ADDRESS 12554 CAPRI CIRCLE NORTH  
CITY-ST-ZIP TREASURE ISLAND FL 33706

☐ DELETE

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

Garnier Koons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

Date

727-3604938

Daytime Phone #

CR2E034 (11/98)

0407469