

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 19, 1999 8:00 am
Secretary of State

04-19-1999 90016 020 ***150.00

DOCUMENT # P96000030687

1. Corporation Name

MAYFLOWER/DAILY ENTERPRISES, INC.

Principal Place of Business

1330 STATELY OAKS DR., N.W.
WINTER HAVEN FL 33881

649 Midiron Drive
Kissimmee, FL 34759

Mailing Address

PO BOX 7490
WINTER HAVEN FL 33883
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1996

4. FEI Number

59-3388127

☒ 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

21 649 Midiron Drive

Suite, Apt. #, etc.

22 Poinciana, FL (Polk Co)

City & State

23 Kissimmee FL

Zip

24 34759

Country

25 Polk

2a. Mailing Address

26 P.O. Box 7490

Suite, Apt. #, etc.

27 Winter Haven, FL

City & State

28 Winter Haven, FL

Zip

29 33883

Country

30 Polk

10. Name and Address of New Registered Agent

81 Name

DAILY, GARY P.

82 Street Address (P.O. Box Number is Not Acceptable)

649 Midiron Drive

83

Kissimmee, FL

84 City

Poinciana, (Polk CT)

FL

85 Zip Code
34759

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

GARY P. DAILY PT

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 PT ☒ DELETE

NAME DAILY, GARY

STREET ADDRESS 1330 STATELY OAKS DR NW

CITY-ST-ZIP WINTER PARK FL 33

TITLE VPS ☒ DELETE

NAME DAILY, LILLIAN

STREET ADDRESS 1330 STATELY OAKS DR NW

CITY-ST-ZIP WINTER HAVEN FL

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 PT ☐ Change ☒ Addition

1.2 NAME DAILY, GARY P.

1.3 STREET ADDRESS 649 Midiron Drive (Poinciana)

1.4 CITY-ST-ZIP Kissimmee, FL 34759

2.1 TITLE VPS ☐ Change ☒ Addition

2.2 NAME DAILY, Lillian

2.3 STREET ADDRESS 649 Midiron Drive (Poinciana)

2.4 CITY-ST-ZIP Kissimmee, FL 34759

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, with all other like empowered.

SIGNATURE:

GARY P. DAILY PT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(941) 502-2638

Daytime Phone #

CR2E034 (11/98)