FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000036142 (3)

DAWNDEANNA, INC.

FILED Apr 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					• • • • • • • • • • • • • • • • • • •
-1010 PORTOMOUTH LAKE DRIVE- -BRANDON FL-83511-		AIVE -			
9012 Copeland Road 9012 Copelar		A Road		DO NOT WRITE IN THIS SPACE	
9012 Copeland Road Tampa, Fl. 33637			•	3. Date Incorporated or Qualified 05/01/1996	
2. Principal Place of Business	2a. Mailing Address			4, FEI Number	Applied For
The state of the s	[26]		59-3370356	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
	28			Trust Fund Contribution	Added to Fees
Zip Country	Zip Country		′	8. This corporation owes or has paid the cur	_ ' '
		30		Personal Property Tax due June 30. Yes No	
9. Name and Address of Current R	egistered Agent	81	T	10. Name and Address of New Registered	Agent
LINKOUS, JUANELL		1 - 1	Namo		
5118 NORTH 56TH STREET, SUITE 111- 9012 Copeland Re TAMP FL 83618 Tampa, Fl, 336.			Street A	Address (P.O. Box Number is Not Acceptable)	
TAMP FL 83610 Tampa, Fl, 336		37	: <u>-</u>		
	7 7	3 / 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 preded namic of legistered agent on	diffe Lappicable (NOTE: Bo	legistered Age	ent signature	required when reinstating) DATE	
12. OF LICERS AND D		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE D	☐ DELETE	DELETE 1.1 TITLE			☐ Change ☐ Addition
NAME HUGHES, JOYCE S	1.2 NAME		İ		
STREET ADDRESS 4010 PORTSMOUTH LAKE DRIVE 9012 Copeland Pd., City-ST-ZIP BRANDON FL 33511 Tampa, Fl. 33637		1.3 STREET	ADDRESS		
CITY-ST-ZIP BRANDON FL-33511	Tampa, F1. 33637	1.4 CITY-S	IT-ZIP		
TITLE	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2. 4 CITY- ST - ZIP			
TITLE	☐ DELETE	DELETE 3.1 TITLE			Change Addition
NAME	3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	DELETE	4 1 TITLE			Change Addition
NAME		4. 2 NAME	Ì		
STREET ADDRESS		4 3 STREET ADDRESS			
CITY-ST-ZIP		4 4 CITY-ST-ZIP			
TITLE	☐ DELETE	5 1 TITLE			☐ Change ☐ Addition
NAME		5 2 NAME			ļ
STREET ADDRESS		5.3 STREET	ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 NTLE			☐ Change ☐ Addition
NAME		6.2 NAME			ŀ
STREET ADDRESS		6.3 STREET	ADDRESS		į
CITY-ST-ZIP		6.4 CITY-S	T-ZIP		

14. Thereby 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 comparation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if ghangled, or on an apartiment with an address.