

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90218 001 ***150.00

DOCUMENT # P96000048545

1. Corporation Name
DEBBIE OQUENDO, INC.

Principal Place of Business

23 BERNARD STREET
ST. AUGUSTINE FL 32084
US

Mailing Address

23 BERNARD STREET
ST. AUGUSTINE FL 32084
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1996

2. Principal Place of Business

21 16 Mulvey ST

Suite, Apt. #, etc.

22 Apt # 5

City & State

23 ST. Aug. FL.

Zip

24 32084

Country

25 U.S.A

2a. Mailing Address

26 16 Mulvey ST

Suite, Apt. #, etc.

27 Apt # 5

City & State

28 ST. Aug. FL.

Zip

29 32084

Country

30 U.S.A

4. FEI Number

59-3391853

Applied For

Not 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

HALL, CHARLES E JR.
93-B ORANGE STREET
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

CHARLES E. HALL, JR.

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

83 77 ALMERIA STREET

84 City

ST. AUGUSTINE

FL

85 Zip Code

32084

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

4/27/99

12. OFFICERS AND DIRECTORS

TITLE PTVS ☐ DELETE
NAME OQUENDO, DEBBIE
STREET ADDRESS 23 BERNARD STREET
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE D ☐ DELETE
NAME OQUENDO, DEBBIE
STREET ADDRESS 23 BERNARD STREET
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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)(b), Florida Statutes, and that my signature shall have the legal effect of a signature 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 137, 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 empowerments.

SIGNATURE:

Debbie Oquendo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)