

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

DOCUMENT # P96000083015

1. Corporation Name
TAILS-A-WAGON, INC.

Principal Place of Business
**704 PATTERSON
CLEARWATER FL 34616**

Mailing Address
**704 PATTERSON
CLEARWATER FL 34616**

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90118 038 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/07/1996

4. FEI Number
59-3414640

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 **1333 MAYBURY DRIVE** 2a. Mailing Address
26 **1333 MAYBURY DRIVE**

Suite, Apt. #, etc.
22 Suite, Apt. #, etc.
27

City & State
23 **HOLIDAY, FL** 28 **HOLIDAY, FL**

Zip
24 **34691** 25 **USA** 29 **34691** 30 **USA**

9. Name and Address of Current Registered Agent

**VICK, JOAN
704 PATTERSON
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name
VICK, JOAN
82 Street Address (P.O. Box Number is Not Acceptable)
1333 MAYBURY DR.
83
84 City
HOLIDAY 85 Zip Code
FL 34691

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

OFFICERS AND DIRECTORS

12. TITLE
PD
NAME
VICK, JOAN
STREET ADDRESS
704 PATTERSON
CITY-ST-ZIP
CLEARWATER FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
PD ☒ Change ☐ Addition
1.2 NAME
VICK, JOAN
1.3 STREET ADDRESS
1333 MAYBURY DRIVE
1.4 CITY-ST-ZIP
HOLIDAY, FL 34691

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)