

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 25, 1999 8:00 am  
Secretary of State

04-25-1999 90042 038 \*\*\*150.00

DOCUMENT # P96000084088

1. Corporation Name  
FREE SPIRIT SCOOTER COMPANY



Principal Place of Business

~~871 NE DIXIE HWY  
#7  
JENSEN BEACH FL 34957  
US~~

Mailing Address

~~871 NE DIXIE HWY  
#7  
JENSEN BEACH FL 34957  
US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1996

4. FEI Number

65-0726786

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 22 MAPLECREST CR.

Suite, Apt. #, etc.

2a. Mailing Address

26 22 MAPLECREST CR

Suite, Apt. #, etc.

City & State

23 JUPITER, FL

Zip

24 33458

Country

25 USA

City & State

28 JUPITER, FL

Zip

29 33458

Country

30 USA

9. Name and Address of Current Registered Agent

SCOTT, CAROL M  
22 MAPLECREST  
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name

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

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 607.0005, Florida Statutes.

SIGNATURE CAROL M. SCOTT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME COOK, ELMER M  
STREET ADDRESS 7810 SHENEDOAH DRIVE  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE D ☐ DELETE

NAME PAUL, CAROL M  
STREET ADDRESS 22 MAPLECREST  
CITY-ST-ZIP JUPITER, FL 33458

TITLE D ☐ DELETE

NAME COOK, RICHARD E  
STREET ADDRESS 5344 BURWASH LANDING  
CITY-ST-ZIP HILLIARD OH 43026

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 ☐ 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)(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:

*ELMER M. COOK*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 (561) 546 6881  
Date Daytime Phone #

CR2E034 (11/98)

0372591