

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  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90024 018 \*\*\*150.00

DOCUMENT # P96000100004

1. Corporation Name

DOWLING PARK CORPORATION

Principal Place of Business

10409 RIVERWOOD WAY  
DOWLING PARK FL 32060

Mailing Address

P O BOX 4781  
DOWLING PARK FL 32060  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1996

4. FEI Number

36-4118903

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

2a. Mailing Address

21 10435 CR 136

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Live Oak

27

City & State

City & State

23 FL

28

Zip

Country

Zip

Country

24 32060

25

Suwannee

29

32064

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICKERSON, CHELLE  
10409 RIVERWOOD WAY  
DOWLING PARK FL 32060

81 Name

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

10435 CR 136

83

84 City Live Oak

FL

85 Zip Code 32060

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST  
NAME NICKERSON, W. C  
STREET ADDRESS 10409 RIVERWOOD WAY  
CITY-ST-ZIP DOWLING PARK FL 32060

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

10435 CR 136  
Live Oak, FL 32060

TITLE S  
NAME NICKERSON, CHELLE M  
STREET ADDRESS 10409 RIVERWOOD WAY  
CITY-ST-ZIP DOWLING PARK FL 32060

☐ DELETE

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

☒ Change ☐ Addition

10435 CR 136  
Live Oak, FL 32060

TITLE D  
NAME NICKERSON, ANNA B  
STREET ADDRESS 10409 RIVERWOOD WAY  
CITY-ST-ZIP DOWLING PARK FL 32060

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

10435 CR 136  
Live Oak, FL 32060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Chelle M. Nickerson Chelle M. Nickerson

2/19/99 904-658-3345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)