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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999 DOCUMENT # P9700000 5184

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

05-10-1999 90282 046 ***150.00

Splan - 1, -		,				
dba Pino	ha Penny #18 :	#105				
Principal Place of Business	Mailing Address					
		1	11 1			
Pinch a Penny	#18 2301	Davis 1	Olvalo			
,	, ,		_	DO NOT WRITI	E IN THIS SPACE	
	Waples,	FL.	34104	3. Date Incorporated or Qualifed		
	,		, ,		-97	
2. Principal Place of Business	2a. Mailing Add			4. FEI Number		Applied For
21 230/ Davis Bl	VC/. 26 230	1 Davis	Blsd.	59-342294	6	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #				\$8.75	5 Additional
22	27			5. Certifcate of Status Desired	Fee '	Required
City & State	City & State	, , , , , , , ,		6. Election Campaign Financing	\$5.0	0 May Be
23 NEPLES FZ	28	Ples F		Trust Fund Contribution	Adde	ed to Fees
	ry Zip'		intry	8. This corporation owes the curren	nt year Intangible	
24 34/04 25	US19 29 34/a	9 4 30 V	15/7	Personal Property Tax.	☐ Yes	X No
9. Name and Addre	ess of Current Registered Agent			10. Name and Address of New Re	gistered Agent	
-1	F 110		81 Name	Tane on Ba	cklus	
Thomas G	FOCH		82 Street Add	Iress (P.O. Box Number is Not Acceptab	(e)	
100 11860	(NEW D1. #301			- ' './/	Two.	
103 W/100	NO DI. 71 001		83	1 . /		
010/0	1 21113		1	19163		
Nepler FA	L 34112		84 City	•	FI 85 Zig	p Code
11. Pursuant to the provisions of Sec	ctions 607 0502 and 607 1508. Flor	ida Statutes, the a	bove-named cor	poration submits this statement for the p	urpose of changing	its registered
office or registered agent, or both	n, in the State of Florida, Such chan	nge was authorized	i by the corporati	ion's board of directors. I hereby accept	the appointment as	registered
agent. I am familiar with, and acc	cept the obligations of, Section 607.	.0505, Horida Stati	ites.	1 601	11 21 6	20
SIGNATURE Signature, types or printed name	e of registered agent and tyle if applicable.	(KOTS Pagistared	Agent signature require	ed when reinfleting)	7 -0(6-7	'_7
	OFFICERS AND DIRECTORS	13.	rigent signature require	ADDITIONS/CHANGES TO OFFI	ICERS AND DIREC	TORS IN 12
TITLE O		DELETE 1.1 Tr	rle T		Chang	
NAME	- / × · · ·	12 N	AME	JON Brickly		
STREET ADDRESS		•	REET ADDRESS	9/	M	
				$\alpha = \alpha = \alpha = -1$	4104	Ì
CITY-ST-ZIP	C-10115		TY-ST-ZIP	Total De Co	Change	e Addition
Time Thomas	3 FOLKS			VICE-Pruidle	1.Sport	
NAME V/Ce A	Pruident Dr. #301	2.2 NA		William Scott B.	Seer Jay	1700
STREET ADDRESS 103 W//	Tenvis Dr. o Sol	2.3 ST	FREET ADDRESS	2301 DWU 19Va	carry //	reaso
CITY-ST-ZIP 10914	FC 34112		ITY-ST-ZIP	Weply, IL 34	404	
TITLE GENTYPE	re Fuchs Ro	DELETE 3.1 TI	nLE		☐ Chang	e Addition
NAME SICT	etery	3.2 NA	ME .	-		
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CITY-ST-ZIP Nuples.	FL 34112		ITY-ST-ZIP			
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NAME		4.2 N	AME			ļ
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1		4	TY-ST-ZIP			
CITY-ST-ZIP TITLE	م ت	ELETE 61TIT			☐ Change	e Addition
	_ 5	6.2 NA				
NAME			REET ADDRESS			
STREET ADDRESS			1			
CITY-ST-ZIP		6.4 CI	TY-ST-ZIP			
14 I hereby certify that the information		avertific for the con-	nation at-t-di- *	Cantina 410 07/21/1\ Flanda Cini f	with an and of the stand alma	s information

t necesy certify that the information supplied with this filling 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 AND APED OR PRINTED NAME OF SIGNING OFFICE

SIGNATURE: