

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000007025 (4)
1. Corporation Name

DOLPHINS LANDING, INC.



Principal Place of Business

1630 LAGO VISTA BLVD.
PALM HARBOR FL 34885

Mailing Address

1630 LAGO VISTA BLVD.
PALM HARBOR FL 34885

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1997

4. FEI Number

65-0733124

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 CLEARWATER FLA

Suite, Apt. #, etc.

23 City & State

23 HOLIDAY FLA

24 Zip

24 34680

25 Country

25 USA

2a. Mailing Address

26 5315 BOARDWALK ST

Suite, Apt. #, etc.

27 City & State

27 HOLIDAY FLA

28 Zip

28 34680

29 Country

29 USA

9. Name and Address of Current Registered Agent

GOTTLIEB & GOTTLIEB, P.A.
2475 ENTERPRISE RD., STE. 100
CLEARWATER FL 34823

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 607.0505, 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

TITLE D ☐ DELETE

NAME DOHERTY, VINCENT
STREET ADDRESS 1630 LAGO VISTA BLVD.
CITY-ST-ZIP PALM HARBOR FL 34885

TITLE D ☐ DELETE

NAME DOHERTY, JOSETTE
STREET ADDRESS 1630 LAGO VISTA BLVD.
CITY-ST-ZIP PALM HARBOR FL 34885

TITLE D ☐ DELETE

NAME GEIGER, RICHARD A
STREET ADDRESS 1772 LAGO VISTA BLVD.
CITY-ST-ZIP PALM HARBOR FL 34885

TITLE D ☐ DELETE

NAME GEIGER, JOHN
STREET ADDRESS 1692 LAGO VISTA BLVD.
CITY-ST-ZIP PALM HARBOR FL 34885

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 5315 BOARDWALK ST
1.4 CITY-ST-ZIP HOLIDAY FLORIDA 34680

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 5315 BOARDWALK ST
2.4 CITY-ST-ZIP HOLIDAY FLORIDA 34680

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 5305 BOARDWALK ST
4.4 CITY-ST-ZIP HOLIDAY FLORIDA 34680

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.

SIGNATURE

[Signature]

CR2E034 (5/98)