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FILED
Feb 20 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 # P97000008338 (0)

1. Corporation Name

ELEPHANT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1650
POLK CITY FL 33868

P.O. BOX 1650
POLK CITY FL 33868

DO NOT WRITE IN THIS SPACE

~~PLACE OF BUSINESS & MAILING ADDRESS REMAINS ABOVE~~

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

01/24/1997

4. FEI Number

NOT REQUIRED

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SULLIVAN, JO-ANN F.
11970 BACKLAND PATH
POLK CITY FL 33868

81 Name

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

11970 BACKLAND PATH

83

84 City

POLK CITY

FL

85 Zip Code

33868

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 607.0508, Florida Statutes.

SIGNATURE CHARLES M. O'SULLIVAN

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

Charles M. O'Sullivan

(NOTE: Registered Agent signature required when reinstating)

February 16, 1998

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME SULLIVAN, JO-ANN F.
STREET ADDRESS 11970 BACKLAND PATH
CITY-ST-ZIP POLK CITY FL 32868

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME O'SULLIVAN, CHARLES M.
1.3 STREET ADDRESS 11970 BACKLAND PATH
1.4 CITY-ST-ZIP POLK CITY, FL 33868

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.

SIGNATURE: CHARLES M. O'SULLIVAN Charles M. O'Sullivan 2-16-98 941-984-4445

CR2E034 (10/97)