

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

FILED  
May 22 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 # P97000012309 (5)

1. Corporation Name  
PLAYFENCE, INC.

Principal Place of Business

2085 EL CERITO COURT  
PUNTA GORDA FL 33950

Mailing Address

2085 EL CERITO COURT  
PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

65-0742565

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

2. Principal Place of Business

21 6161 DUNCAN RD.

Suite, Apt. #, etc.

22

City & State

23 PUNTA GORDA FL

Zip

24 33982

Country

25 US

2a. Mailing Address

26 6161 DUNCAN RD

Suite, Apt. #, etc.

27

City & State

28 PUNTA GORDA, FL

Zip

29 33982

Country

30 US

9. Name and Address of Current Registered Agent

OAKS, DAVID K  
252 WEST MARION AVENUE  
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name

JOHN WILLIAMS

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

2085 EL CERITO CT

83

84 City

PUNTA GORDA

FL

85 Zip Code

33950

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

*John M. Williams*

(NOTE: Registered Agent signature required when reinstating)

5/5/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME STD  
WILLIAMS, JOHN M  
STREET ADDRESS 2085 EL CERITO COURT  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ DELETE

NAME PD  
WILLIAMS, NORA S  
STREET ADDRESS 2085 EL CERITO COURT  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

*John M. Williams*

5/5/98 1041137-8228

CR2E034 (10/97)