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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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1. Corporation Name
BABY GUARD POOL FENCE COMPANY

Principal Place of Business	Mailing Address
1417 S. KIRKMAN RD. SUITE 1045 ORLANDO FL 32811 US	1417 S. KIRKMAN RD. SUITE 1045 ORLANDO FL 32811 US

04-15-99 90034 020 $150.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1997

2. Principal Place of Business	2a. Mailing Address
21 7863 Sugar Bend Dr.	26 7863 Sugar Bend Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orlando, FL 454	28 City & State: Orlando, FL
24 Zip: 32819 25 Country: US	29 Zip: 32819 30 Country: US

4. FEI Number: 59-3456015 ☐ 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

9. Name and Address of Current Registered Agent
CURRIE, SUSAN
1417 S. KIRKMAN RD.
#1045
ORLANDO FL 32811

10. Name and Address of New Registered Agent
81 Name: SUSAN CURRIE
82 Street Address (P.O. Box Number is Not Acceptable): 7863 Sugar Bend Dr.
83
84 City: Orlando FL 85 Zip Code: 32819

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addi
NAME	CURRIE, SUSAN A	1.2 NAME	
STREET ADDRESS	1417 S. KIRKMAN RD. #1045	1.3 STREET ADDRESS	7863 Sugar Bend Dr.
CITY-ST-ZIP	ORLANDO FL 32811	1.4 CITY-ST-ZIP	Orlando, FL 32819
TITLE	VPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addi
NAME	CURRIE, LOUIS C	2.2 NAME	
STREET ADDRESS	1417 S. KIRKMAN RD. #1045	2.3 STREET ADDRESS	7863 Sugar Bend Dr.
CITY-ST-ZIP	ORLANDO FL 32811	2.4 CITY-ST-ZIP	Orlando, FL 32819
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addi
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addi
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addi
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addi
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

AM 9/27

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: SUSAN CURRIE SIGNATURE REQUIRED