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PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CHTY-ST-ZIP



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 21 1998 8:00am

Secretary of State

DOCUMENT # P97000059572 (2)

DACK ENTERPRISES, INC.

Principal Place of Business Mailing Address 8520 WOODHURST DR. 8520 WOODHURST DR. TAMPA FL 33615 **TAMPA FL 33615** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3459189 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No Zip Country Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KIRKPATRICK, DAVID W 8520 WOODHURST DR. 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33615** 83 84 City 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. Thereby accept the appointment as registered agent. Lam 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 a gnature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DPS TITLE DELETE Спапде Addition NAME KIRKPATRICK, DAVID W 1.2 NAM: 8520 WOODHURST DR. STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33615** CITY-ST-ZIP 1.4 C(1Y - S1 - Z(P DILLETE TITLE 2.1 THLE Change Addition NAME KIRKPATRICK, CAROL A 2.2 NAME 8520 WOODHURST DR. STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33615** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 THUE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DETETE 4.1 TILE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 THEE Change ☐ Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it made under eath, that I am an officer of director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 illustrated an attachment with an address.

6.3 STHEET ADDRESS

64 CITY-S1-ZIP