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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000074185

1. Corporation Name

DACON INDUSTRIES, INC.

Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90048 010 ***150.00



| Principal Place | of Business | Mailing Address | | | | | | |
|---|--|---|--------------------|---|---|----------------|------------------------|--|
| 3936 BELLE OAK BLVD LARGO FL 33771 | | 3936 BELLE OAK BLVD LARGO FL 33771 | **** * *: ::- | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualifed 08/20/1997 | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | / | Applied For | |
| 21 | | 26 3831 29 AV | 26 3831 29 Ave. N. | | 59-2411137 | Not Applicable | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | T | Additional Required | |
| 22 City & State | | City & State | | | 6. Election Campaign Financing | \$5.0 | 0 May Be | |
| 23 | - | 28 ST. PETERSBUR | 6 F | - - L | Trust Fund Contribution | | d to Fees | |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year | Intangible | | |
| 24 | 25 | 29 33713 30 | PIN | ELLAS | Personal Property Tax. | ☐ Yes | □No | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registers | d Agent | | |
| CONGER, SCOTT | | | | Name | | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 3831 29 AVE N | | | | Street Addi | ress (P.O. Box Number is Not Acceptable) | | | |
| ST PETERSBURG FL 33713 | | | 83 | | | | | |
| | | | 84 | City | | 85 Zip | p Code | |
| <u>.</u> | | | | L | | _ , , | ita registered | |
| office or re | enistered agent or both in the Stat | 502 and 607.1508, Florida Statutes, te of Florida. Such change was auth gations of, Section 607.0505, Florida | onzed by | the corporation | poration submits this statement for the purpose ion's board of directors. I hereby accept the app | oi changing i | registered | |
| SIGNATURE | | • | | | , | | | |
| SIGNATURE | Signature, typed or printed name of registered a | igent and title if applicable. (NOTE: Re | gistered Agei | nt signature require | ed when reinstating) DATE | | | |
| 12. | | | 13. | | ADDITIONS/CHANGES TO OFFICERS | | | |
| TITLE | | | 1.1 TITLE | | | ☐ Chang | e Addition | |
| NAME | DAVIS, GORTON 1.2 | | 1.2 NAME | | | | ! | |
| STREET ADDRESS | 3109 COVENTRY LN 13 | | 1.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | | 1.4 CITY-S | T-ZIP | | | | |
| TITLE | D DELETE 2.1 | | 2.1 TITLE | | | Change | e | |
| NAME | CONGER, SCOTT 22N | | 2.2 NAME | | | | | |
| STREET ADDRESS | 2004 00 AVE N | | 2.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33713 | | 2. 4 CITY-5 | ST-ZIP | - | | - | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | ☐ Change | e Addition | |

6.4 CITY-ST-ZIP 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 find a statement with an address, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

□ DELETE

☐ DELETE

□ DELETE

Addition

☐ Addition

Addition

Change

Change

☐ Change