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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000077997 (9)

DATIL SPLASH PRODUCTS, INC.

## **FILED** May 06 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address  113 WARBLER RD  113 WARBLER RD |                                       |                           | 8                 |                 | martinge tim carre camer marte marte marte ander tamb garin juilt tall tall  |
|---|---------------------------------------|---------------------------|-------------------|-----------------|--|
|   |                                       |                           |                   |                 |  |
| ST AUGUSTINE FL 32086   |                                       | ST AUGUSTINE              | : FL 32086        |                 | DO NOT WRITE IN THIS SPACE   |
|   |                                       |                           |                   |                 | 3. Date Incorporated or Qualified  |
|   |                                       |                           |                   |                 | 09/08/1997   |
| 2. Principal F  | Place of Business                     | 2a. Mailing Add           | ress              |                 | 4, FEI Number Applied For  |
| 21 Dame   |                                       |                           | em                |                 | 59-3470455 Not Applicable  |
| Suite, Apt  | . #, etc.                             | Suite, Apt. #             | etc.              |                 | SQ 75 Additional   |
| 22  |                                       | 27                        | 27                |                 | 5. Certificate of Status Desired Fee Required  |
| City & State  |                                       | City & State              | City & State      |                 | 6. Election Campaign Financing \$5.00 May Be   |
| 23  |                                       | 28                        |                   |                 | Trust Fund Contribution Added to Fees  |
| Zip   | Country                               | Zip                       | — <u>—</u>        | ountry          | 8. This corporation owes or has paid the current year Intengible   |
| 24  | 25                                    | 29                        | 30                | <del></del>     | Personal Property Tax due June 30.  Yes No   |
|   | g. Name and Address of Curre          | ent Registered Agent      |                   | 100             | 10. Name and Address of New Registered Agent   |
|   | MER, SANDRA                           |                           |                   | 81 Name         | Danie!   |
| 113 WARBLER RD  |                                       |                           |                   | 82 Street       | Address (P.O. Box Number is Not Acceptable)  |
| ST  | AUGUSTINE FL 32086                    |                           |                   |                 | · · ·  |
|   |                                       |                           |                   | 83              |  |
|   |                                       |                           |                   | 84 City         | 85 Zip Code  |
|   |                                       |                           |                   | 1-7-7           | FL (")   |
| 11. Pursuant  | to the provisions of Sections 607.05  | 002 and 607.1508, Flor    | ida Statutes, the | above-named     | d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered |
| agent. I a  | am familiar with and accept the oblig | gations of, Section 667   | .0505, Florida St | atules.         | poration's board or directors. Thereby accept the appointment as registered  |
| SIGNATURE   | and and                               | >~ ~/                     | ~(                | rery            | ~ U-19-98  |
|   |                                       | gent and the diapplicable |                   |                 | e required when reinstating) DATE  |
| 12.   | / OFFICERS AN                         | ND DIRECTORS              | 13                |                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE   | 1                                     | نا لــا                   |                   | TITLE           | P Change Addition  |
| NAME  | }                                     |                           |                   | NAME .          | Jack D. Pamer  |
| STREET ADDRESS  |                                       |                           |                   | STREET ADDRESS  | 113 Warbler Rd.  |
| City-ST-ZIP   | <del></del>                           | . Tin                     |                   | CITY - ST - ZIP | St. Augustine, fl. 32086   |
| TITLE   | Pres.                                 | <del>X</del> 1 π          |                   | TITLE           | Change L Addition  |
| NAME  | Sandra D. Pamer                       |                           |                   | NAME            |  |
| STREET ADDRESS  | 113 Warbler Rd.                       |                           |                   | STREET ADDRESS  |  |
| CITY-ST-ZIP   | St. Augustine,                        | fl. 3208                  |                   | CITY-ST-ZIP     |  |
| TITLE   | -                                     | ١٥                        | - 6               | TITLE           | Change Addition  |
| NAME  |                                       |                           |                   | NAME            |  |
| STREET ADDRESS  | 1                                     |                           | 33                | STREET ADDRESS  |  |
| CITY-ST-ZIP   |                                       | ·                         |                   | CITY-ST-7IP     |  |
| TITLE   | 1                                     | 0                         | ELETE 4.1         | TITLE           | Change Addition  |
| NAME  |                                       |                           | 4. 2              | 2 name          |  |
| STREET ADDRESS  | Į                                     |                           | 4.3               | STREET ADDRESS  |  |
| CITY-ST-ZIP   |                                       | ·                         |                   | CITY-ST-ZIP     | <u> </u>   |
| TITLE   |                                       |                           | ELETE 5.1         | TITLE           | ☐ Change ☐ Addition  |
| NAME  |                                       |                           | 5.2               | NAME            |  |
| STREET ADDRESS  |                                       |                           | 5.3               | STREET ADDRESS  |  |
| CITY-ST-ZIP   |                                       |                           |                   | CITY-ST-ZIP     |  |
| TITLE   |                                       | D                         |                   | TITLE           | Change Addition  |
| NAME  | 1                                     |                           | 6.2               | NAME            |  |
| STREET ADDRESS  |                                       |                           |                   | STREET ADDRESS  |  |
| CITY-ST-ZIP   | [                                     |                           |                   | CITY-ST-ZIP     |  |
| O-11 01-1-1   | 1                                     |                           |                   |                 |  |

14. Thereby 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 attackment with an address.

SIGNATURE:

SIGNATURE:

4.25.98

904-797-9424