PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000085105**

DOCKSIDE GIFTS & SUNDRIES, INC.

Principal Place of Business Mailing Address					
932 E. MAIN ST		932 E. MAIN ST. LEESRING EL 34748			
LEESBURG FL 34748		CEEGDUNG TE 34/40	LEESBURG FL 34748		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					10/01/1997
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 59 35 0 66 47 Applied For
21		26			APPLIED FUR Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		_	Fee Required
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intangible Personal Property Tax
24	25	29	30		1 discital i topolis tax.
	9. Name and Address of	Current Registered Agent	8	I Name	10. Name and Address of New Registered Agent
DICL	iey, steven j esq.		ľ	T Taille	
			8:	Street /	Address (P.O. Box Number is Not Acceptable)
P. O. BOX 492460 LEESBURG FL 34749-2460					
LEES	JOUNG FL 34/43*2400		8:	'	
			8-	City	85 Zip Code
	·			ــــــــــــــــــــــــــــــــــــــ	FL S
office or re	egistered agent, or both, in th	607.0502 and 607.1508, Florida Statu le State of Florida. Such change was : le obligations of, Section 607.0505, Fl	authorized b	, the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
	and accept the	A sol s	oau oundto	·	
SIGNATURE	Signature, typed or printed name of regis	stered agent and title if applicable. (NOT	E: Registered Ag	ent signature re	equired when reinstating) DATE
12.		ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	KOHLMEYER, LINDA		1.2 NAME		Debra Shepherd
STREET ADDRESS	7940 US HWY: 441		1.3 STRE	ET ADDRESS	into the parcil P-CI
CITY-ST-ZIP	LEESBURG FL 34768		1.4 CITY-	ST-ZIP	1/4
TITLE	VST	☐ DELETE	2.1 TITLE		Charles William Shepherd FAllehange Addition 1218 Howard 2 and
NAME	SHEPHERD, DEBRA		2.2 NAME		STORY WILLIAM STEPTER
STREET ADDRESS	1218 HOWARD RD.		2.3 STRE	ET ADDRESS	1618 Howard Load
CITY-ST-ZIP	LEESBURG FL 34748		2.4 CITY	ST-ZIP	Leesburg, F1. 34748
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STRE	ET ADDRESS	
CITY-ST-ZIP			3.4. CITY	ST-ZIP	
TITLE		☐ DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAMI	.	
STREET ADDRESS	,		4.3 STRE	ET ADDRESS	
CITY-ST-ZIP		,	4.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		,
STREET ADDRESS			5.3 STRE	ET ADDRESS	
CITY-ST-ZIP			5,4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STRE	ET ADDRESS	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-\$T-ZIP

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90142 016 ***150.00