


FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90177 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS									
DOCUMENT # P98000002487													
1. Corporation Name PODINKS, INC.													
Principal Place of Business 4455 POLLYWOG DRIVE LABELLE FL 33935			Mailing Address 4455 POLLYWOG DRIVE LABELLE FL 33935										
DO NOT WRITE IN THIS SPACE													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24						2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/08/1998		4. FEI Number 650804912		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees							
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
9. Name and Address of Current Registered Agent ANKENY, JAMES C 4455 POLLYWOG DRIVE LABELLE FL 33935						10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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. 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 reinstating) DATE													
12. OFFICERS AND DIRECTORS													
TITLE <input type="checkbox"/> DELETE NAME ANKNEY, JAMES C STREET ADDRESS P.O. BOX 1994 N/A CITY-ST-ZIP LABELLE FL 33975													
TITLE <input type="checkbox"/> DELETE NAME BURCHARD, BARBARA M STREET ADDRESS P.O. BOX 1994 N/A CITY-ST-ZIP LABELLE FL 33975													
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP													
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP													
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP													
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP													
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12													
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP													
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP													
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP													
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP													
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP													
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Burchard* **SECRETARY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 941-675-0280

CR2E034 (11/98)