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**Apr 19, 1999 8:00 am**
**Secretary of State**
04-19-1999 90113 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000034941**

1. Corporation Name
JOEY KARSON, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3959 VAN DYKE ROAD #306<br>LUTZ FL 33549 | 3959 VAN DYKE ROAD #306<br>LUTZ FL 33549 |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | |
| 21 15 PARADISE PLAZA | 26 15 PARADISE PLAZA | 04/15/1998 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number | ☐ Applied For ☐ Not Applicable |
| 22 217 | 27 217 | 59-3512406 | |
| City & State | City & State | 5. Certifcate of Status Desired ☐ | $8.75 Additional Fee Required |
| 23 SARASOTA, FL | 28 SARASOTA, FL | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip / Country | Zip / Country | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No | |
| 24 34239 25 USA | 29 34239 30 USA | | |

9. Name and Address of Current Registered Agent

DAVIDSON, STUART
18049 SAILFISH DRIVE
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name DAVIDSON, STUART
82 Street Address (P.O. Box Number is Not Acceptable) 246 GRANT DRIVE
83 34236
84 City SARASOTA FL 85 Zip Code 34236

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 _____ 4-27-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EXECUTIVE DIRECTOR<br>STUART DAVIDSON<br>246 GRANT DRIVE<br>SARASOTA, FL 34236 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | EXECUTIVE DIRECTOR<br>STUART DAVIDSON<br>246 GRANT DRIVE<br>SARASOTA, FL 34236 | ☒ Change ADDRESS ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (11/98)

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:** SIGNATURE REQUIRED 4-14-99 (813)340-5128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #