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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000058362

1. Corporation Name

HONEYCOMB ENTERPRISES, INC.

Principal Place of Business

**2100 CONSTITUTION BLVD., STE. #149
SARASOTA FL 34231**

Mailing Address

**2100 CONSTITUTION BLVD., STE. #149
SARASOTA FL 34231**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

3. Name and Address of Current Registered Agent

**DENLINGER, P. F.
2929 MAYFLOWER ST.
SARASOTA FL 34231**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL

85 Zip Code

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1998

4. FEI Number

58-2422443Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fees Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE**D
DENLINGER, P. F.
2929 MAYFLOWER ST.
SARASOTA FL 34231**1.2 NAME ☐ DELETE**D
DENLINGER, P. F.
2929 MAYFLOWER ST.
SARASOTA FL 34231**1.3 STREET ADDRESS ☐ DELETE**D
DENLINGER, P. F.
2929 MAYFLOWER ST.
SARASOTA FL 34231**1.4 CITY-ST-ZIP ☐ DELETE**D
DENLINGER, P. F.
2929 MAYFLOWER ST.
SARASOTA FL 34231**1.5 CITY-ST-ZIP ☐ DELETE**D
DENLINGER, P. F.
2929 MAYFLOWER ST.
SARASOTA FL 34231**1.6 CITY-ST-ZIP ☐ DELETE**D
DENLINGER, P. F.
2929 MAYFLOWER ST.
SARASOTA FL 34231**1.7 CITY-ST-ZIP ☐ DELETE**D
DENLINGER, P. F.
2929 MAYFLOWER ST.
SARASOTA FL 34231**1.8 CITY-ST-ZIP ☐ DELETE**D
DENLINGER, P. F.
2929 MAYFLOWER ST.
SARASOTA FL 34231**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition1.2 NAME ☐ Change ☐ Addition1.3 STREET ADDRESS ☐ Change ☐ Addition1.4 CITY-ST-ZIP ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition2.2 NAME ☐ Change ☐ Addition2.3 STREET ADDRESS ☐ Change ☐ Addition2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition4.2 NAME ☐ Change ☐ Addition4.3 STREET ADDRESS ☐ Change ☐ Addition4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition5.3 STREET ADDRESS ☐ Change ☐ Addition5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition6.3 STREET ADDRESS ☐ Change ☐ Addition6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: P. F. Denlinger REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

117**941 924 6254**

Daytime Phone #

CR2E034 (11/98)