1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000067427

DADDY WIGGLERS, INC.

SIGNATURE:

FILED Sep 16, 1999 8:00 am Secretary of State

09-16-1999 90012 036 ***550.00

NAME SIMMONS, MICHAEL L STREET ADDRESS CITY-ST-ZIP TAMPA FL 33605 TAMPA FL 33605 TO SELECT ADDRESS CITY-ST-ZIP NAME ARENCIBIA, MIGUEL STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33605 DELETE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 12 NAME 13 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33605 DELETE 31 TITLE NAME 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP TAMPA FL 33605	
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3. Date Incorporated or Questified 3. Suite, Apt. #, etc. 3. Certificate of Status Desired Status Status Desired Status Status Desired Status Sta	
2. Principal Place of Business	
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Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 City & State City & City & State City & Stat	licable
City & State 23	
22 25 29 20 30 30 30 30 30 30 30	
Zip	
25 25 25 25 30 Intangible Personal Property:	
9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 182 Street Address (P.O. Box Number is Not Acceptable) 183 B4 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 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, 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, 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, and accept the obligations of section 807.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. PSTD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. STREET ADDRESS 2015 TH AVENUE SIMMONS, MICHAEL L 2015 TH AVENUE 13. STREET ADDRESS 2015 TH AVENUE 13. STREET ADDRESS 2015 TH AVENUE 13. STREET ADDRESS 2015 TH AVENUE 22. MAWE 22. MAWE 23. STREET ADDRESS 24. City ST. Zip AMPA F L 336.05 Change A Change A City ST. Zip A Change A City ST. Zip A City ST. Zip A Change A City ST. Zip A City ST. Zip A City ST. Zip A Change A City ST. Zip A City ST. Zi	
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343 ALMERIA AVENUE CORAL GABLES FL 33134 283 384 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 registere agent, I am familiar with, and accept the obligations of, sections 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. PSTD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE NAME SIMMONS, MICHAEL L SIRBET ADDRESS 2015 7TH AVENUE 1.3 SIRBET ADDRESS 2015 7TH AVENUE 1.4 CITYST-ZIP TAMPA FL 33605 1.4 CITYST-ZIP TAMPA FL 33605 1.5 TAMPA FL 33605 1.6 Change ARENCIBIA, MIGUEL 3.2 SIRBET ADDRESS 2.3 SIRBET ADDRESS 2.3 SIRBET ADDRESS 2.4 CITYST-ZIP TAMPA FL 33605 1.5 TAMPA FL 33605 1.6 Change ARENCIBIA, MIGUEL 3.5 TAMPA FL 33605 1.6 Change ARENCIBIA SIRBET ADDRESS 3.5 SIRBET ADD	
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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 registere agent, and familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and 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 aignature required when reinstating) DATE	
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 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, and 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	
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's doard of directors. Thereby accept the appointment as registered agent, or am familiar with, and accept the obligations of, section 607.0505, Flonda Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	
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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 attachment with an address.	ſ