

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90035 012 ***150.00

DOCUMENT # P98000070122

1. Corporation Name

CARL PLESNER, INC.



Principal Place of Business

4234 BAY POINT ROAD
PANAMA CITY BEACH, FL 32408

Mailing Address

P.O. Box 27494
PANAMA CITY BEACH, FL 32411

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4234 BAY POINT ROAD
Suite, Apt. #, etc.

2a. Mailing Address

P.O. Box 27494
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

08/07/1998 8/7/98

4. FEI Number

59-3527882

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

City & State

PANAMA CITY BEACH

Zip Country

32408 BAY

City & State

PANAMA CITY BEACH

Zip Country

32411 BAY

9. Name and Address of Current Registered Agent

CARL PLESNER
2956 HARRISON AVE, APT H
PANAMA CITY, FL 32405

10. Name and Address of New Registered Agent

81 Name

CARL PLESNER

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

4234 BAY POINT ROAD

83

84 City

PANAMA CITY BEACH FL

85 Zip Code
32408

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. I, the undersigned, was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the provisions of Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of Registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME CARL PLESNER
STREET ADDRESS 2956 HARRISON AVE, APT H
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/D ☒ Change ☐ Addition
1.2 NAME CARL PLESNER
1.3 STREET ADDRESS 4234 BAY POINT ROAD
1.4 CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED CARL PLESNER

Date

Daytime Phone #

850-832-5218

CR2E034 (11/98)