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 Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90057 012 ***150.00

DOCUMENT # 1. Corporation Name	P98000080637

DANDEO, INC.

Principal Place of Business

Mailing Address

12511 SHAWNEE RD

12511 SHAWNEE RD

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FORT MYERS F	E 33913	FORT MYERS FL 33913			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
				•	09/14/1998			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21 546	o Terminal Drive	26 546 Te	rmina	1 Drive	65-086410)'(No	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	<u> </u>	• • • • •	Additional equired ,
City & State	e	City & State		•	6. Election Campaign Financing	_	\$5.00	May Be
23 Nap	les, FL	28 Naples	FL	-	Trust Fund Contribution			to Fees
24 3 416	Country	Zip	Country		8. This corporation owes the curre	ent year Inta		
24 3416	. 23 0017	1	<u> </u>	<u>5A</u>	Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent		T	10. Name and Address of New R	egistered /	Agent	
OINE	EAL CHRADETHI		81	Name				
	EAL, ELIZABETH L		82	Street Addre	ess (P.O. Box Number is Not Acceptal	ble)		
	I1 SHAWNEE RD							
FOR	T MYERS FL 33913		83					
			84	City			85 Zip	Code
			1	1		FL		
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abov	e-named corpo	oration submits this statement for the	ourpose of	changing its	registered
office or re	egistered agent, or both, in the State or m familiar with, and accept the obligation	f Florida. Such change was aut	inorizea by	tne corporatio	in's board of directors: I hereby accept	t-tne appoir	ntment as re	gisterea
	m tamiliar with, and accept the obligation	ons or, section dor. osos, mont	ua Otatutes	•.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if antikcable. (NOTE: F	Registered Age	nt signature required	d when reinstating)	DATE	·	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	DRS IN 12
TITLE	D	DELETE	1.1 TITLE	Ţ			Change	Addition Addition
NAME	O'NEAL, ELIZABETH L		1.2 NAME	İ				
	12511 SHAWNEE RD			TADDRESS		•		
STREET ADDRESS	FORT MYERS FL 33913			1				
CITY-ST-ZIP		☐ DELETE	1.4 CITY-5 2.1 TITLE	31-ZIP			Change	Addition
TITLE	D	☐ BECETE						
NAME (O'NEAL, DAVID		2.2 NAME	1				
STREET ADDRESS	12511 SHAWNEE RD		2.3 STREE	TADDRESS				
· CITY-ST-ZIP	FORT MYERS FL 33913		2.4 CITY-	ST-ZIP	<u> </u>	. `.		·
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME		•	5.2 NAME					
1				T ADDRESS	•			
STREET ADDRESS			5.4 CITY-5					
CITY-ST-ZIP		DELETE	6.1 TITLE	/1 - sql			Change	Addition
TITLE			6.2 NAME					
NAME			1					
STREET ADDRESS	1		6.3 STREE	T ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

KEQUIRED

941-403-0044