

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

DOCUMENT # P98000086571

1. Corporation Name
DESOTO KIDDIE KOUNTRY KLUB, INC.

Principal Place of Business

726 E MAGNOLIA ST
ARCADIA FL 34266

Mailing Address

726 E MAGNOLIA ST
ARCADIA FL 34266

FILED

99 JUL 23 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2/25/99 900491036 \$150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3547411		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax.		☐ Yes ☐ No	
23		28		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Zip		Country		24		25	
29		30		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City		85 Zip Code		FL	
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							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)							
DATE							

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	Shaver, Carolyn		
STREET ADDRESS	726 E. Magnolia St.	1.3 STREET ADDRESS	1.4 CITY-ST-2P
CITY-ST-2P	Arcadia, FL 34266	2.1 TITLE	2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS	2.4 CITY-ST-2P
CITY-ST-2P			
		3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	3.4 CITY-ST-2P
CITY-ST-2P			
		4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	4.4 CITY-ST-2P
CITY-ST-2P			
		5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	5.4 CITY-ST-2P
CITY-ST-2P			
		6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	6.4 CITY-ST-2P
CITY-ST-2P			

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:

Carolyn Shaver

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

1/24/99 941-993-1947

Date Daytime Phone

CR2E034 (1/198)