

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**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90157 020 \*\*\*150.00

DOCUMENT # P98000089764

1. Corporation Name

ENTERTAINMENT OUTFITTERS, INC.

Principal Place of Business

4361 STEED TERRACE  
WINTER PARK FL 32792

Mailing Address

4361 STEED TERRACE  
WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1998

4. FEI Number

59-3544536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee 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

2. Principal Place of Business

21 156 Seminole Drive

2a. Mailing Address

26 156 Seminole Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 De Bary Florida

City & State

28 De Bary, FLORIDA

Zip

24 32713

25 USA

Zip

29 32713

30 USA

9. Name and Address of Current Registered Agent

CARNES, ROBERT M  
4361 STEED TERRACE  
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name

Donkin, Tracey

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

156 Seminole Drive

83

84 City

De Bary

FL

85 Zip Code

32713

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 Tracey H. Donkin, Tracey H. Donkin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CARNES, ROBERT M  
STREET ADDRESS 4361 STEED TERRACE  
CITY-ST-ZIP WINTER PARK FL 32792

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

11 TITLE Vice President (V) ☒ Change ☐ Addition

12 NAME Carnes, Robert M  
13 STREET ADDRESS 4361 Steed Terrace  
14 CITY-ST-ZIP Winter Park, FL 32792

21 TITLE President (P) ☐ Change ☒ Addition

22 NAME Andrew C. Donkin  
23 STREET ADDRESS 156 Seminole Drive  
24 CITY-ST-ZIP De Bary, FL 32713

31 TITLE S ☐ Change ☒ Addition

32 NAME Tracey H. Donkin  
33 STREET ADDRESS 156 Seminole Drive  
34 CITY-ST-ZIP De Bary, FL 32713

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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: Tracey H. Donkin Tracey H. Donkin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407/668-5966

Daytime Phone #

CR2E034 (11/98)