

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 90049 030 \*\*\*150.00

**DOCUMENT #** P98000092103

1. Corporation Name

The Purple Zebra, Inc. ✓

Principal Place of Business

Mailing Address

1539 Landings Blvd.  
Sarasota, FL. 34231

1539 Landings Blvd.  
Sarasota, FL. 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

October 29, 1998 ✓

4. FEI Number

65-0912635 ✓

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Gregory J. Porges, Esquire  
1205 Manatee Avenue, West  
Bradenton, FL. 34205

81 Name

Edwin L. Ford, Esquire

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

1605 Main Street, Suite 612

83

84 City

Sarasota,

FL

85 Zip Code  
34236

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE

NAME Carol A. MacAllister

STREET ADDRESS 1539 Landings Blvd.

CITY-ST-ZIP Sarasota, Florida 34231

TITLE Vice President ☐ DELETE

NAME Roger Wilson

STREET ADDRESS 1923 Wood Hollow Lane

CITY-ST-ZIP Sarasota, Florida 34235

TITLE Secretary ☐ DELETE

NAME ~~Carol A. MacAllister~~

STREET ADDRESS ~~1539 Landings Blvd.~~

CITY-ST-ZIP ~~Sarasota, Florida 34231~~

TITLE Treasurer ☐ DELETE

NAME Carol A. MacAllister

STREET ADDRESS 1539 Landings Blvd.

CITY-ST-ZIP Sarasota, Florida 34231

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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:

*Roger F. Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger Wilson

April 21, 1999 (941) 925-1442

Date

Daytime Phone #

CR2E034 (11/98)