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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90261 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000099650

1. Corporation Name
DANCING DOLPHINS, INC.

Principal Place of Business
**409 E. GORRIE DR.
ST. GEORGE ISLAND FL 32328**

Mailing Address
**409 E. GORRIE DR.
ST. GEORGE ISLAND FL 32328**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/23/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3556107

Applied For
☐ Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

24 Zip Country

29 Zip Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DR., #37
PALM HARBOR FL 34684**

81 Name
Ms. JENNIFER EGGERMANN

82 Street Address (P.O. Box Number is Not Acceptable)
409 E. GORRIE DR.

83

84 City
ST. GEORGE ISLAND FL

85 Zip Code
32328

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

Jennifer Eggermann JENNIFER EGGERMANN

2/26/99

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 **P** ☐ DELETE
NAME **WILSON, KENYON J**
STREET ADDRESS **409 E. GORRIE DR.**
CITY-ST-ZIP **ST. GEORGE ISLAND FL 32328**

1.1 TITLE **V/D** ☐ Change ☒ Addition
1.2 NAME **PAULA M. EGGERMANN**
1.3 STREET ADDRESS **2235 RIVER PLAZA DR. #357**
1.4 CITY-ST-ZIP **SACRAMENTO, CA 95833**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **P/D** ☒ Change ☐ Addition
2.2 NAME **KENYON J. WILSON**
2.3 STREET ADDRESS **2235 RIVER PLAZA DR #357**
2.4 CITY-ST-ZIP **SACRAMENTO, CA 95833**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: **KENYON J. WILSON**

2/23/99

916-567-2939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)