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 # CO1000

Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90035 016 ***150 00

FILED

1. Corporation	S CADDY'S, INC.							
Principal Place	of Business	Mailing Address	-		E 1001,000 81100 11401 12000 81100 20400 1111 01011 0	TIMES MENSI MINII M		
321 BEACH BLVD JACKSONVILLE BEACH FL 32250 US 321 BEACH BLVD JACKSONVILLE BEACH FL 32250 US			2250		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			1
					02/12/1991			i
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		plied For	
21		26			59-3056775		t Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re		
22		27 City 9 State	_					ĺ
City & State	3	City & State			6. Election Campaign Financing	\$5.00 Added to	May Be o.Fees⊶—	
Zip	Country	Zip	Coun	try	This corporation owes the current year Int		-3,000	_
24	25	· ·	30	•	Personal Property Tax.		□No	1
	9. Name and Address of Current		<u></u>		10. Name and Address of New Registered	Agent		l
				Name				
	IANT, J. BARRY		* -	32 Street Addr	ress (P.O. Box Number is Not Acceptable)			
321 BEACH BLVD			[ĺ
JACI	KSONVILLE BCH. FL 32250		[33				l
			-	84 City	FL	85 Zip C	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove-named corp	position authorite this statement for the nurnose of	changing its	registered	ĺ
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	d Florida. Such change was al	けわのガラのひ	hv the comporatio	on's board of directors. I hereby accept the appoint	intment as reg	gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered A	gent signature require	od witen reinstating) DATE			,
12.	OFFICERS AND		13.	gor a group a require	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 12	٥
TITLE	D	☐ DELETE	1.1 TITL	E		☐ Change	Addition	3
NAME	HINNANT, J. BARRY		1.2 NAA	IE]				2
STREET ADDRESS	321 BEACH BLVD.		1.3 STR	EET ADDRESS				١
CITY-\$T-ZIP	JACKSONVILLE BCH FL		1.4 CIT	-ST-ZIP		<u></u>		1
TITLE	D	DELETE	2.1 TITL	E		Change	☐ Addition	١،
NAME	HINNANT, LILLIAN C.		2.2 NAM	Œ Ì			·	
STREET ADORESS	321 BEACH BLVD.		2.3 STR	EET ADDRESS				ĺ
CITY-ST-ZIP	JACKSONVILLE BCH FL		2.4 CIT	Y-ST-ZIP				ĺ
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STREET ADDRESS			3.3 STF	EET ADDRESS				ĺ
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NAME (·		4. 2 NA	ļ				ĺ
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CITY-ST-ZIP				/-ST-ZIP		Change	Addition	1
TITLE		☐ DELETE	5.1 TITE	I		☐ Change]
NAME			5.2 NAA	ſ				
STREET ADDRESS	:		1	EET ADDRESS			ı	ĺ
CITY-ST-ZIP		☐ DELETE	6.1 TITL	/-ST-ZIP		☐ Change	Addition	
TITLE			6.2 NAM	Į į		93		
NAME				EET ADORESS				
STREET ADDRESS	1			-ST-ZiP				ļ
CITY-ST-ZIP			3.7.5					1

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 changes, one an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED ORPRINTED NAME OF SIGNING OFFICER OR DIRECTOR