PROFIT CORPORATION ANNUAL REPORT 1999	AFTE	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS			FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90277 021 ***150.00						
DOCUMENT # 551  1. Corporation Name  PENGUIN SERVICE		(6) V VC.	_								
Principal Place of Business	Ma	ailing Address				_					
8940 RUNKER HILL R	8940 BUNKER HILL RD P.O. BOX "					1					
DVEπE, FL 33034 PARRISH,				341	219	DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualified 05/09/1991				
2. Principal Place of Business	2a.	Mailing Address				4. FEI No		1911	App	olied For	
				437		5	1-30659	10	Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifo	ate of Status Desir	ed 🗌	<b>\$8.75</b> A Fee Red	1	
City & State	27	City & State				6 Flection	n Campaign Finan	Cina —	\$5.00	·——	
23 DUETTE FL	28	PARRISH	P	L 31	1210	<b>3</b>	und Contribution		Added to		
Zip Country		Zip		untry_	·	-1	proporation owes the	current year in			
24 33834 25 USA 9. Name and Address of Co	29		0	USF	<u> </u>		nal Property Tax.  and Address of N	lew Registered		□No	
3. Name and Address of Co	ment Kegis	nered Agent		81 Na	me	TO: Name		icw rregisteres			
LEE TRACY A				82 St	reet Arl	Iress (P.O. Box	Number is Not Ac	centable)			
7802 NUNDY AVENUE											
APT I				83							
GIBSONTON, FL	22424	<		84 Cit	у	·		FL	85 Zip C	ode	
11. Pursuant to the provisions of Sections 607	.0502 and 6	07.1508, Florida Statutes	, the a	above-nar	ned cor	poration submi	ts this statement fo	r the purpose of	f changing its i	registered	
office or registered agent, or both, in the S agent. I am familiar with, and accept the o	itate of Floric	la. Such change was aut	norize	d by the o	corporat	ion's board of i	directors. I hereby a	accept the appo	intment as reg	istered	
SIGNATURE Signature, typed or printed name of registere	d agent and title i	f applicable (NOTE: R	<u> </u>	d Agent signa	ture requi	ed when reinstating)		DATE			
<del></del>	S AND DIRE	CTORS DELETE	13.		— T-	V ADDITIO	ONS/CHANGES TO	OFFICERS A	ND DIRECTOR	RS IN 12	
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23 Zip 24

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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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

(941)776-5022 Daytime Phone # TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LEWIS COLLINS PRESIDENT SIGNATURE: