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
Apr 13, 1999 8:00 am
Secretary of State
04-13-1999 90097 046 ***158.75

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DOCUMENT # V09829

1. Corporation Name
FLANTASTIC ENTERPRISES INC.

Principal Place of Business	Mailing Address
P.O. BOX 551003 JACKSONVILLE FL 32255	P.O. BOX 551003 JACKSONVILLE FL 32255

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1992

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-3100228 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

ROBINSON, RUMBELLIS
11668 OXFORD CREST LANE
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTDS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, RUMBELLIS		1.2 NAME	
STREET ADDRESS	11668 OXFORD CREST LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32258		1.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, DENNIS R.		2.2 NAME	
STREET ADDRESS	11714 TAMAGER DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225		2.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ELLIS, JAMES E.		3.2 NAME	
STREET ADDRESS	1841 LONGWOOD KEY DR N		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, FRED		4.2 NAME	
STREET ADDRESS	2256 INWOOD CIRCLE S.		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218		4.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DORSEY, TIMOTHY A.		5.2 NAME	
STREET ADDRESS	4337 JEROME AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209		5.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	COVINGTON, KENNETH R		6.2 NAME	
STREET ADDRESS	3607 MONTCLAIR DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: Rumbellis Robinson RUMBELLIS ROBINSON 2/1/99 904 262-1169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #