

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 # V25140

1. Corporation Name
OTTER'S, INC.

Principal Place of Business

**5386 DARLENE ST
SPRING HILL FL 34607
US**

Mailing Address

**5386 DARLENE ST
SPRINGHILL FL 34607
US**

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90112 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1992

4. FEI Number

59-3116068

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

9. Name and Address of Current Registered Agent

**LINCOLN, MYRON C J
5386 DARLENE ST
SPRING HILL FL 34607**

10. Name and Address of New Registered Agent

81 Name **MAUREEN MCDEVITT**
82 Street Address (P.O. Box Number is Not Acceptable)
5386 DARLENE ST
83
84 City **Weeki Wachee** FL 85 Zip Code **34607**

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 **MAUREEN MCDEVITT**
Signature, typed or printed name of registered agent and title if applicable.

MAUREEN MCDEVITT **4/10/99**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **D LINCOLN, MYRON C**
STREET ADDRESS **PO BOX 630 N/A**
CITY-ST-ZIP **ARIPEKA FL 34679**

TITLE ☐ DELETE
NAME **D MCDEVITT, MAUREEN**
STREET ADDRESS **9482 MISSISSIPPI RUN**
CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE ☐ DELETE
NAME **D PUCKETT, RICHARD W**
STREET ADDRESS **P. O. BOX 1681 N/A**
CITY-ST-ZIP **BLOWING ROCK NC**

TITLE ☐ DELETE
NAME **D SERGIACOMI, KENNETH**
STREET ADDRESS **3843 ARTHUR AVE**
CITY-ST-ZIP **SEAFOOD NY**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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: **MAUREEN MCDEVITT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)