

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 PM 1:39

DOCUMENT # V55402

(4)

1. Corporation Name

MOSQUITO COAST PIRATE'S DELIGHT, INC.

Principal Place of Business

Mailing Address

4644 GANDY BOULEVARD
SUITE 7
TAMPA FL 33611
US

4644 GANDY BOULEVARD
SUITE 7
TAMPA FL 33611
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1992

3a. Date of Last Report

08/25/1994

4. FEI Number

59-3134132

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

4644 Gandy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Suite 7

City & State

City & State

23

28

Tampa, FL

Zip

Country

Zip

Country

24

25

29

33611

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BONNER, GLENN
205 WEST VIRGINIA
#7
TAMPA FL 33603

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

205 W. Virginia

83

N/A

84

Tampa

FL

85

Zip Code
33613

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

BONNER, GLENN W.

STREET ADDRESS

4109 BAY VILLA AVE.

CITY, ST, ZIP

TAMPA FL

TITLE

D

NAME

BOND, DAVID E.

STREET ADDRESS

3422 FAIROAKS AVENUE

CITY, ST, ZIP

TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☒ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Glenn Bonner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn Bonner

June 12, '95 (813) 837-8410

Date (typed or printed)