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03-01-1999 90142 039 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V66914

1. Corporation Name
ANN DEKAY, INC.

Principal Place of Business
916 PENMAN RD
JACKSONVILLE BEACH FL 32250
US

Mailing Address
916 PENMAN RD
JACKSONVILLE BEACH FL 32250
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1992

4. FEI Number

59-3143887

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

2. Principal Place of Business

21 14701 MARSH VIEW DRIVE

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE, FLORIDA

Zip Country

24 32250 25 U.S.A.

2a. Mailing Address

26 14701 MARSH VIEW DRIVE

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE, FLORIDA

Zip Country

29 32250 30 U.S.A.

9. Name and Address of Current Registered Agent

DEKAY, ANN
916 PERMAN RD
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

81 Name

ANN DEKAY

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

14701 MARSH VIEW DRIVE

83

84 City

JACKSONVILLE

FL

85 Zip Code

32250

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

Ann DeKay
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-99

12. OFFICERS AND DIRECTORS

TITLE PST
NAME DEKAY, ANN
STREET ADDRESS 916 PENMAN RD
CITY-ST-ZIP JACKSONVILLE BEACH FL

TITLE D
NAME DEKAY, ANN
STREET ADDRESS 916 PENMAN RD
CITY-ST-ZIP JACKSONVILLE BEACH 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST
1.2 NAME DEKAY, ANN
1.3 STREET ADDRESS 14701 MARSH VIEW DRIVE
1.4 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32250

2.1 TITLE D
2.2 NAME DEKAY, ANN
2.3 STREET ADDRESS 14701 MARSH VIEW DRIVE
2.4 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32250

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

Ann DeKay
Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

2-1-99

(904)358-1615