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 # G14034 1. Corporation Name

FIRSTSON, INC.

2800 LEPRECHAUN LANE PALM HARBOR FL 34683 2800 LEPRECHAUN LANE PALM HARBOR FL 34683 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Sp-2239676 Not Applied For 59-2239676 Not Applied For Fee Required For Sp-2239676 Not Applied For Fee Required For Sp-2239676 Not Applied For Fee Required For Sp-2239676 Not Applied For Fee Required Fee		(D)	Mailian Address				_		
PALM HARBOR FL 34683 PALM HARBOR FL 34683 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2239676 Not Applied For 59-2239676 Not Applied For 59-2239676 Not Applied For 59-2239676 Suite, Apt. #, etc. 50. Centificate of Status Desired 58.75 Additional 58.75 Additional 58.75 Additional 58.70 May Be Added to Fees Zip Country Zip Country Zip Country 30. Trust Fund Contribution Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of Current Registered Agent 12. Name and Address of New Registered Agent 13. Name 14. Fursuant 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 607.0502, Florida Statutes. 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 607.0503, Florida Statutes. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE 14. CITY-ST-ZP 15. PALM HARBOR FL 16. Election Campaign Financing 17. 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 agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes. 18. Name 19. Name and Address of New Registered Agent 10. Name and Address of New	Principal Place of Business Mailing Address								
DO NOT WRITE IN THIS SPACE									
2. Principal Place of Business	PALM MARBOR	PL 34083	PALM HARBOR PE 34003				DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business							3. Date Incorporated or Qualifed		
2. Principal Place of Business							12/20/1982		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired Feer Required—	2. Principal Place of Business 2a. Mailing Address								
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City & State Country Country Country Country Experiment Contribution Solon May Be Added to Fees Trust Fund Contribution Statutes for Country 8. This corporation owes the current year Intangible Personal Property Tax. State Tax Indicates of New Registered Agent 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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 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 V applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE V STD KERWIN, TIMOTHY STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 1.4 CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add Add City State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND Change Add Change Add Change Add Change Add Change Add Change Add CRWIN, KATHLEEN STREET ADDRESS STREET ADDRESS SAME STREET ADDRESS SAME		#, etc.	Suite, Apt. #, etc.				\$ Contifered of Status Posited \$8.75 Additional		
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24 25 29 30 Personal Property Tax.	23		28				Trust Fund Contribution Added to Fees		
9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable)		Country		_	ntry		8. This corporation owes the current year Intangible		
KERWIN, TIMOTHY J 2800 LEPRECHAUN LANE PALM HARBOR FL 34683 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 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 whon reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VSTD NAME STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 1.2 NAME STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Add KERWIN, KATHLEEN STREET ADDRESS 2800 LEPRECHAUN LANE STREET ADDRESS	24			30					
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CITY-ST-ZIP PALM HARBOR FL 34683						I	am Haddal C. 341.93		

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 attachment with an address, with all other like empowered.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

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6.4 CITY-ST-ZIP

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☐ DELETE

SIGNATURE

TITLE

NAME

TITLE

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TITLE

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STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

15, 1999 727-782-5298

FILED

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90061 046 ***150.00

☐ Change

☐ Change

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☐ Addition

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