**PROFIT** CORPORATION ANNUAL REPORT

1999



Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000078046

1. Corporation Name

MASH SYSTEMS, INCORPORATED

Principal Place of Business	Mailing Address		
1809 CRANBERRY ISLES WAY APOPKA FL 32712	1809 CRANBERRY ISLES WAY APOPKA FL 32712		
2. Principal Place of Business	2a. Malling Address		

FLORIDA DEPARTMENT OF STATE

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90015 029 \*\*\*150.00



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DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qual 09/04/1998	ifed			
2. Principal F	Place of Business	2a. Mailin	g Address			4. FEI Number			App	lied For
1		26				59-3534210	·		Not	Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			5. Certifcate of Status Desire	d 🗆		<b>75</b> Ad ee Req	dditional Juired
City & Sta	te		State			Election Campaign Finance Trust Fund Contribution	ing 🗆		.00 N	May Be Fees
Zip	Country	Zip	<del></del>	Country		8. This corporation owes the	current year Int	angible		
4	25	29	30			Personal Property Tax.	•	Yes		<b>X</b> No
·!	9. Name and Address of Curre		Agent			10. Name and Address of N	ew Registered	Agent		
180	LETTE, MATTHEW C 9 CRANBERRY ISLES WAY		,	81		Address (P.O. Box Number is Not Acc	ceptable)		·	
APC	)PKA FL 32712			83						
		,		84	City	•	FL	85	Zip C	ode
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Suc	h change was autho	rized by	the corpo	corporation submits this statement for pration's board of directors. I hereby a	the purpose of ccept the appoi	changii ntment	ng its r as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applical	e. (NOTE: Reg	istered Agen	t signature re	equired when reinstating)	DATE			
12.		ND DIRECTOR		13.		ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRE	CTO	RS IN 12
TITLE	1		☐ DELETE	1.1 TITLE		Director		☐ Ch	ange	✓ Addition

0.0	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg	gistered Agent signature n			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF		$\overline{}$
TITLE	☐ DELETE	1.1 TITLE	Director	☐ Change	
NAME		1.2 NAME	Mathew C. Gillette 1809 Cranberry Isles Way		į
STREET ADDRESS		1.3 STREET ADDRESS	1809 Cranberry Isles Way		
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Apopka, FL 32712		
TITLE	☐ DELETE	2.1 TITLE	Director	Change	Addition
NAME		2.2 NAME	Shawn P. Donaldson		ļ
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Chico, CA 95926	<u> </u>	
TITLE	☐ DELETE	3.1 TITLE	•	☐ Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TMLE		☐ Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME		6.2 NAME			(
STREET ADDRESS	4.	6.3 STREET ADDRESS			
CITY-ST-ZIP .		6.4 CITY-ST-ZIP		ale at the star	

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 an attachment with an address, with all other like empowered.

Traffe (Robert Chaute)