

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90017 032 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 253655

1. Corporation Name
PALMLAB INC

Principal Place of Business
1100 S TAMiami TR #202
SARASOTA FL 34236
US

Mailing Address
1100 S TAMiami TR #202
SARASOTA FL 34236
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1961

4. FEI Number
59-0949500

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

VODILA, LOUIS F
1880 ARLINGTON ST.
SUITE 205
SARASOTA FL 33579

10. Name and Address of New Registered Agent

81 Name

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

83

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE
NAME VODILA, LOUIS F
STREET ADDRESS 1880 ARLINGTON ST. ST205
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE
NAME COOPER, KENNETH W.
STREET ADDRESS 1445 SO. OSPREY AVE.
CITY-ST-ZIP SARASOTA FL

TITLE TD ☐ DELETE
NAME WILLIS, ROBERT
STREET ADDRESS 1717 S. OSPREY AVE.
CITY-ST-ZIP SARASOTA FL

TITLE PD ☐ DELETE
NAME GEORGIADIS, RICHARD
STREET ADDRESS 2701 STICKLEY PT RD.
CITY-ST-ZIP SARASOTA FL

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 4803 Peregrine Point Circle
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 1417 WESTBROOK DR.
3.4 CITY-ST-ZIP

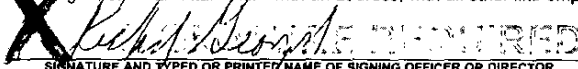
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 3900 CLARK ROAD #E-4
4.4 CITY-ST-ZIP

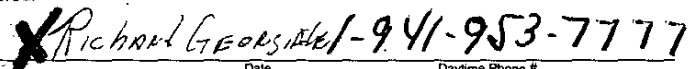
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date Daytime Phone #

CR2E034 (11/98)