

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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90011 050 \*\*\*150.00

DOCUMENT # 579519

1. Corporation Name  
PARALLAX, INC.

Principal Place of Business

7209 114TH AVE N  
SUITE A  
LARGO FL 33773  
US

Mailing Address

7209 114TH AVE N  
SUITE A  
LARGO FL 33773  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1978

4. FEI Number

59-1852946

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIPES, WAYNE & DEBBIE  
7209 114TH AVE N  
SUITE A  
LARGO FL 33773

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 PD ☐ DELETE  
NAME SIPES, H. WAYNE  
STREET ADDRESS 2717 SEVILLE BLVD. #2305  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ST ☐ DELETE  
NAME SIPES, DEBBIE J.  
STREET ADDRESS 2717 SEVILLE BLVD. #2305  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PD ☒ Change ☐ Addition  
1.2 NAME Sipes, H. WAYNE  
1.3 STREET ADDRESS 11059 NE HWY 314  
1.4 CITY-ST-ZIP Silver Springs, FL 34489-0335

2.1 TITLE ST ☒ Change ☐ Addition  
2.2 NAME Sipes, Debbie J.  
2.3 STREET ADDRESS 11059 NE HWY 314  
2.4 CITY-ST-ZIP Silver Springs, FL 34489-0335

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Debbie J. Sipes / Sec. Treas.

Date

1/4/99

Daytime Phone #

727-539-8680

CR2E034 (11/98)