

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
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90095 047 ***150.00

DOCUMENT # 649731

1. Corporation Name

DYNOPTIC-ST. PETERSBURG, INC.



Principal Place of Business

**4399 35TH ST. N.
P.O. BOX 84000
ST PETERSBURG FL 33784**

Mailing Address

**4399 35TH ST. N.
P.O. BOX 84000
ST PETERSBURG FL 33784**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1980

4. FEI Number

59-1981912

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 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**PAYNE, JOHN W
4399 35TH STREET NORTH.
ST. PETERSBURG FL**

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 D
NAME DUFFY, CHARLES
STREET ADDRESS 13380 86TH AVENUE N
CITY-ST-ZIP SEMINOLE, FL 00000

TITLE VT
NAME STANKIEWICZ, CY
STREET ADDRESS 3804 46TH AVE S.
CITY-ST-ZIP S PETERSBURG, FL 00000

TITLE VS
NAME PAYNE, JEFFREY T.
STREET ADDRESS 7840 CAUSEWAY BLVD. S.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE V
NAME STEVENS, ROBERT
STREET ADDRESS 9180 60TH STREET N.
CITY-ST-ZIP PINELLAS PARK FL

TITLE D
NAME PAYNE, JOHN W
STREET ADDRESS 68 DOLPHIN DRIVE
CITY-ST-ZIP TREASURE ISLAND, FL00000

TITLE V
NAME MOTTA, JOSEPH
STREET ADDRESS 512 JOHNS PASS AVE
CITY-ST-ZIP MADEIRA BCH FL

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
2.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/99

Date

727 812 3008

Daytime Phone #

CR2E034 (1/98)