

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 09, 1999 8:00 am
Secretary of State

03-09-1999 90088 018 ***150.00

DOCUMENT # 668113

1. Corporation Name

INNOVATIVE TECHNOLOGY, INC.

Principal Place of Business

15470 FLIGHT PATH DR
BROOKSVILLE FL 34609

Mailing Address

C/O DELTA AMERICA, INC
433 SOUTH MAIN ST., #117
WEST HARTFORD CT 06110
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1980

4. FEI Number

59-2009226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **WILFONG, DENNIS H**
CITY-ST-ZIP **21034 VIOLET RD**
BROOKSVILLE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **CASAGHI, FRANK**
CITY-ST-ZIP **15470 FLIGHT PATH DRIVE**
BROOKSVILLE FL 34609

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Director, President**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **VANEICKIE, ROBERT**
CITY-ST-ZIP **2132 TOMLYN STREET**
RICHMOND VA 23230

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Robert Van Sickle**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **WATKINS, DAVID L**
CITY-ST-ZIP **2132 TOM LYNN STREET**
RICHMOND VA 23234

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Director, Treasurer**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **C**
STREET ADDRESS **ATKINSON, TODD G**
CITY-ST-ZIP **433 S MAIN STREET #117**
WEST HARTFORD CT 06110

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Director, Secretary**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **DS**
STREET ADDRESS **RUTH, JOHN G JR**
CITY-ST-ZIP **433 SOUTH MAIN STREET, #117**
WEST HARTFORD CT 06110

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

Date

Daytime Phone #

2-26-99

(906) 561-2244

CR2E034 (11/98)