

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 90105 037 ***150.00

DOCUMENT # F42741

1. Corporation Name
ORION INTERNATIONAL GROUP, INC.

Principal Place of Business
PO BOX 15707
ST PETERSBURG FL 33733
US

Mailing Address
PO BOX 15707
ST PETERSBURG FL 33733
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/31/1981

4. FEI Number
59-2318805

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELANO, G. KRISTIN
360 CENTRAL AVE
ST PETERSBURG FL 33701

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 **DT**
HUSSEMAN, EDWIN C
STREET ADDRESS **360 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL**

1.1 TITLE ☐ Change ☐ Addition

NAME **PD** ☐ DELETE

STREET ADDRESS **360 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL**

1.2 NAME

TITLE ☐ DELETE

NAME **DC**
SMITH, GRAEME H
STREET ADDRESS **360 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL**

1.3 STREET ADDRESS

TITLE ☐ DELETE

NAME **DC**
MENKE, ROBERT M
STREET ADDRESS **360 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
MEEHAN, DAVID K.
STREET ADDRESS **360 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **DS**
DELANO, G. KRISTIN
STREET ADDRESS **360 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL**

2.2 NAME

TITLE ☒ DELETE

NAME **CFO**
KING, KELLY K
STREET ADDRESS **360 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL**

2.3 STREET ADDRESS

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:

Graeme H. Smith
GRAEME H. SMITH

Date

Daytime Phone #

1/11/99 (727) 894-4336

CR2E034 (11/98)