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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 30 1998 8:00am

Secretary of State

4/13/98

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F43906

(9)

Mailing Address

Parlo W. Hensly

INNOVATIVE DESIGN & ENGINEERING, INC.

C/O KEITH SANTI C/O KEITH SANTI 8915 MAISLIN DR. 8915 MAISLIN DR. DO NOT WRITE IN THIS SPACE TAMPA FL 33637 TAMPA FL 33637 3. Date Incorporated or Qualified 09/01/1981 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 21 59-2129867 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country a. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 30 p. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SANTI, KEITH 8915 MAISLIN DR. 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33637** 83 84 City 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, typod or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) CR2E034 (10/97 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition **HENSLEY CHARLES WILLIAM** 1.2 NAME NAME 5124 STONEHURST RD. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE **ELLIS. RICHARD BRUCE** 2.2 NAME 4709 RIDGECLIFF STREET ADDRESS 2.3 STREET ADDRESS Brandon, Fl 00000 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME Santi, Keith 3.2 NAME 5308 BURCHETTE RD. STREET ADDRESS 3.3 STREET ADDRESS Tampa Fl CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CfTY - ST - ZIP TITLE ☐ DELETE 6.1 TITLE Change \_\_\_ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 or an appear with an address.