

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 99 SEP 27 PM 1:06

DOCUMENT # **F96000006245**  
 1. Corporation Name  
**DESKINS TECHNOLOGY, INC.**



Principal Place of Business Mailing Address  
**1450 BOYSON ROAD** **1450 BOYSON ROAD**  
**HAWATHA IA 52233** **HAWATHA IA 52233**  
**US** **US**

DO NOT WRITE IN THIS SPACE

|                                |                      |                     |                      |   |   |
|--------------------------------|----------------------|---------------------|----------------------|---|---|
| 2. Principal Place of Business |                      | 2a. Mailing Address |                      | 3. Date Incorporated or Qualified<br><b>12/02/1996</b>                          |   |
| 21                             | Street, Apt. #, etc. | 26                  | Street, Apt. #, etc. | 4. FEI Number<br><b>42-1413810</b>  | Applied For<br>Not Applicable                                       |
| 22                             | City & State         | 27                  | City & State         | 5. Certificate of Status Desired <input type="checkbox"/>                       | \$8.75 Additional Fee Required                                      |
| 23                             | Zip                  | 28                  | Zip                  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees   |
| 24                             | Country              | 29                  | Country              | 8. This corporation owes the current year Intangible Personal Property.         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent                    |  |  |  | 10. Name and Address of New Registered Agent   |  |  |  |
| DESKINS, WILLIAM D<br>1777 TAMAMI TRAIL<br>PORT CHARLOTTE FL 33948 |  |  |  | B1 Name<br>B2 Street Address (P.O. Box Number is Not Acceptable)<br><b>3657 ARUBA Ct</b><br>B3<br>B4 City <b>PUNTA GORDA</b> FL B5 Zip Code <b>33950</b> |  |  |  |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | PS<br>DESKINS, WILLIAM D<br>7241 HAMPSHIRE DR. N.E.<br>CEDAR RAPIDS IA 52402 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VT<br>DESKINS, BEVERLY A CRANE<br>7241 HAMPSHIRE DRIVE NE<br>CEDAR RAPIDS IA | 1.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |  | 1.4 CITY-STATE-ZIP                                    |   |
| TITLE                      |  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 2.2 NAME  |   |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |  | 2.4 CITY-STATE-ZIP                                    |   |
| TITLE                      |  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |  | 3.4 CITY-STATE-ZIP                                    |   |
| TITLE                      |  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |  | 4.4 CITY-STATE-ZIP                                    |   |
| TITLE                      |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |  | 5.4 CITY-STATE-ZIP                                    |   |
| TITLE                      |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |  | 6.4 CITY-STATE-ZIP                                    |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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, upon an attachment with an address.

SIGNATURE: *William D. Deskins* (William D. Deskins) 9-21-99 941-575-959  
Signature and Title or Printed Name of Signing Officer or Director Date Date-time Phone #

CR2E034 (5/99)