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08-04-1999 90012 020 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F97000001248 ✓

1. Corporation Name
INTERSECT MARKETING, INC.

Principal Place of Business

**330 SPRING BLVD N
TARPON SPRINGS FL 34689
US**

Mailing Address

**330 SPRING BLVD N
TARPON SPRINGS FL 34689
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1997

4. FEI Number

59-3391830

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 14508 CLIFTY CT.

Suite, Apt. #, etc.

22

City & State

23 TAMPA, FL

Zip

24 33624

Country

25 USA

2a. Mailing Address

26 14508 CLIFTY CT.

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FL

Zip

29 33624

Country

30 USA

9. Name and Address of Current Registered Agent

**BIRCH, GERALD L
330 N SPRING BLVD
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

81 Name

EVAN GARBER

82 Street Address (P.O. Box Number is Not Acceptable)

14508 CLIFTY CT.

83

84 City

TAMPA, FL

FL

85 Zip Code

33624

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

EVAN GARBER

7/29/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
MOORE, RON
STREET ADDRESS **2001 HODGES BLVD., #101**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ DELETE
NAME **TDG**
KETO, ROBERT
STREET ADDRESS **330 SPRING BLVD N**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ DELETE
NAME **SD**
GATTIS, WILLIAM
STREET ADDRESS **1913 DODGE TRAIL**
CITY-ST-ZIP **GRAND PRAIRIE TX 75052-1729**

TITLE ☐ DELETE
NAME **D**
ROXBURGH, THOMAS
STREET ADDRESS **6404 TIFFANY OAKS LANE**
CITY-ST-ZIP **ARLINGTON TX 76016**

TITLE ☐ DELETE
NAME **C**
BIRCH, GERALD
STREET ADDRESS **330 N. SPRING BLVD.**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME **KETO, ROBERT**
23 STREET ADDRESS **14508 CLIFTY CT.**
24 CITY-ST-ZIP **TAMPA, FL 33624**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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, typed or printed name of signing officer or director

GERALD BIRCH

7/27/99

813-610-2653