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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000004095 (2)

1. Corporation Name

LAMBENT TECHNOLOGIES INC.



Principal Place of Business

5415 FIRST COAST HIGHWAY
FERNANDINA BEACH FL 32034

Mailing Address

5415 FIRST COAST HIGHWAY
FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1997

4. FEI Number

58-1841914

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 4437 PARK DRIVE

Suite, Apt. #, etc.

22 SUITE E

City & State

23 NORCROSS, GA

Zip

24 30093

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

~~RETROFORM INC.~~
5415 FIRST COAST HIGHWAY
FERNANDINA BEACH FL 32034

RETROFORM INC.

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME P
O'LENICK JR, ANTHONY J
STREET ADDRESS 4437 PARK DRIVE, STE E
CITY-ST-ZIP NORCROSS GA

TITLE ☐ DELETE

NAME PARKINSON, JEFFREY K
STREET ADDRESS 4437 PARK DRIVE, STE E
CITY-ST-ZIP NORCROSS GA

TITLE ☐ DELETE

NAME SD
CROSS, GEOFFREY R
STREET ADDRESS 5415 FIRST COAST HWY
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE ☐ DELETE

NAME VD
HAYES, MICHAEL E
STREET ADDRESS 5415 FIRST COAST HWY
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE ☐ DELETE

NAME D
JONES, MORGAN R
STREET ADDRESS 5415 FIRST COAST HWY
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

AS
NEAL, LINDA A.
5415 FIRST COAST HWY.
FERNANDINA BEACH, FL

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.

SIGNATURE Michael E. Hayes, Michael E. Hayes, 4/17/98, 4/17/98

CR2E034 (10/97)