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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90170 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F97000004095

1. Corporation Name
LAMBENT TECHNOLOGIES INC.



Principal Place of Business

4437 PARK DR
STE 3
NORCROSS GA 30093
US

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

58-1641914

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIETROFERM INC
5415 FIRST COAST HIGHWAY
FERNANDINA BEACH FL 32034

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 607.0501 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 P ☐ DELETE
NAME O'LENICK JR, ANTHONY J
STREET ADDRESS 4437 PARK DRIVE, STE E
CITY-STATE-ZIP NORCROSS GA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE T ☐ DELETE
NAME PARKINSON, JEFFREY K
STREET ADDRESS 4437 PARK DRIVE, STE E
CITY-STATE-ZIP NORCROSS GA

2.1 TITLE AS ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE SDV ☐ DELETE
NAME CROSS, GEOFFREY R
STREET ADDRESS 5415 FIRST COAST HWY
CITY-STATE-ZIP FERNANDINA BEACH FL

3.1 TITLE TDS ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE VD ☐ DELETE
NAME HAYES, MICHAEL E
STREET ADDRESS 5415 FIRST COAST HWY
CITY-STATE-ZIP FERNANDINA BEACH FL

4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME JONES, MORGAN R
STREET ADDRESS 5415 FIRST COAST HWY
CITY-STATE-ZIP FERNANDINA BEACH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE AS ☐ DELETE
NAME NEAL, LINDA A
STREET ADDRESS 5415 FIRST COAST HWY
CITY-STATE-ZIP FERNANDINA BEACH FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/99 770 279-8601

CR2E034 (11/98)