

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 06, 1999 8:00am
Secretary of State

02-06-1999 90009 016 ****150.00

DOCUMENT # F97000006101

1. Corporation Name
AKIMA CORPORATION

Principal Place of Business
13777 BALLANTYNE CORPORATE PLACE
SUITE 530
CHARLOTTE NC 28277

Mailing Address
13777 BALLANTYNE CORPORATE PLACE
SUITE 530
CHARLOTTE NC 28277

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1997

4. FEI Number
92-0132391

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME HAMREN, FRED E
STREET ADDRESS 2920 HEATHSTEAD PLACE
CITY-ST-ZIP CHARLOTTE NC 28210

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

TITLE V ☐ DELETE
NAME BRINKMAN, WILLIAM J
STREET ADDRESS 877 PORTER RANCEH RD.
CITY-ST-ZIP LANCASTER SC 29270

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME PETRIVELLI, ALICE
STREET ADDRESS 4000 OLD SEWARD HWY #300
CITY-ST-ZIP ANCHORAGE AK 99503

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME STASTNY, J S
STREET ADDRESS 1001 E. BENSON BLVD.
CITY-ST-ZIP ANCHORAGE AK 99508

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CURTIS, CHARLES
STREET ADDRESS 1001 E. BENSON BLVD.
CITY-ST-ZIP ANCHORAGE AK 99508

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

TITLE DC ☐ DELETE
NAME HADDEN, RONALD S
STREET ADDRESS 301 W. NORTHERN LIGHTS, #901
CITY-ST-ZIP ANCHORAGE AK 99516-3421

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

Date

Daytime Phone #

1-11-99

704-714-4500

CR2E034 (11/98)