

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90051 026 ***150.00

DOCUMENT # F97000006165

1. Corporation Name

H.A.T. CORPORATION OF MISSOURI

Principal Place of Business

8001 N DALE MABRY
STE 301A
TAMPA FL 33614
US

Mailing Address

8001 N DALE MABRY
STE 301A
TAMPA FL 33614
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1997

4. FEI Number

43-1580479

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 6323 MacLaurin Dr.

Suite, Apt. #, etc.

22

City & State

23 Tampa, FL

Zip

24 33647

Country

25 USA

2a. Mailing Address

26 6323 MacLaurin Dr.

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33647

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

NIELSEN, GREGORY W
15826 SANCTUARY DR.
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name

NIELSEN, GREGORY W.

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

6323 MacLaurin Dr.

83

84 City

Tampa

FL

85 Zip Code

33647

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

2-1-99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
NIELSEN, GREGORY W
15826 SANCTUARY DR.
TAMPA FL 33647

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
DPS
NIELSEN, GREGORY W.
6323 MacLaurin Dr.
Tampa, FL 33647

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

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 #

2-1-99 F13 615-1033

CR2E034 (11/98)

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