**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F97000006821

ITC INDUSTRIALS, INC.

110 1110	orningo, no					
Principal Place of Business Mailing Address					È INN INN CITA INCLINATION AND STANDARD MAN	)) 02119 21101 19112 HERY (101 1991
1130 DADE STREET P.O. BOX 410						
QUINCY FL 32351 QUINCY FL 32353					DO MOT WOITE IN THE	ID CDACE
US					DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualifed 12/23/1997	
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied For
21 26				52-1891608	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional
22 27				<del></del>		Fee Required
City & State City & State					6. Election Campaign Financing	<b>\$5.00</b> May Be
23 28					Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year I	Intangible ☐ Yes ☐ No
24	25		30		Personal Property Tax.	
	9. Name and Address of Currer	nt Registered Agent	Q	1 Name	10. Name and Address of New Registere	u Agent
CT CORPORATION SYSTEM				I IVAIIIE		
C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
			8	3		
			8	4 City		85 Zip Code
					F	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was au	ithorized b	y the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered
SIGNATURE						
	Signature, typed or printed name of registered age			gent signature require		AND DIDECTORS IN 40
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	CEO	☐ DELETE	1.1 TITLE			Change C Addition
NAME	SPARKS, JAMES H		1.2 NAM	1		
STREET ADDRESS			1.3 STRE	ET ADDRESS		l
CITY-ST-ZIP	VIRGINIA BEACH 15% 23462		1.4 CITY	<del></del>		
TITLE	٧A٠	VP. □ DELETE 2.11		Ē .		☐ Change ☐ Addition
NAME	!		2.2 NAM	E		
STREET ADDRESS			2.3 STR	ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP		
TITLE	☐ DELETE		3.1 TITLE			Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STR	ET ADORESS		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		*** <b>***</b>
TITLE	DELETE		4.1 TITLE			Change Addition
NAME			4. 2 NAM	IE		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			54 CITY	-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME	ı		6.2 NAM	E		

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.

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90107 036 \*\*\*150.00