

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 23, 1999 8:00 am
Secretary of State

02-23-1999 90065 017 ***150.00

DOCUMENT # F98000002210

1. Corporation Name

TRANSFORM IT, INCORPORATED

Principal Place of Business

101 GREENBLADE POINT
PEACHTREE CITY GA 30269

Mailing Address

101 GREENBLADE POINT
PEACHTREE CITY GA 30269

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1998

4. FEI Number

58-2344456

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.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKER, BRUCE D
9191 OLD CUTLER RD.
CORAL GABLES FL 33156

81 Name RONDA B. DAVIS

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

1250 SW 113TH TERRACE

83 UNIT 203

84 City PEMBROKE PINES

FL

85 Zip Code 33025

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 *Ronda B. Davis*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDC ☐ DELETE
NAME KING, JOHN C
STREET ADDRESS 101 GREENBLADE POINT
CITY-ST-ZIP PEACHTREE CITY GA 30269

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

TITLE VD ☒ DELETE
NAME PICKERING, ROBERT E
STREET ADDRESS 621 PINEY POINT
CITY-ST-ZIP HOUSTON TX 77024

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

TITLE SVTD ☐ DELETE
NAME HUNT, TOM E
STREET ADDRESS 307 LONGER DR.
CITY-ST-ZIP PEACHTREE CITY GA 30269

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

TITLE DV ☒ DELETE
NAME PARKER, BRUCE D
STREET ADDRESS 9191 OLD CUTLER RD
CITY-ST-ZIP CORAL GABLES FL 33156

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

TITLE DV ☐ DELETE
NAME CHANDLER, ROY
STREET ADDRESS 1904 BRIDLE LANE
CITY-ST-ZIP ALEXANDRIA VA 22308

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 #

1/10/99 (770) 631-0683

CR2E034 (11/98)