

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90079 036 ***150.00

DOCUMENT # F98000005188

1. Corporation Name

LONGCROFT LIMITED INC.

Principal Place of Business

C/O THOMAS C. EOBERGE
ONE BEACH DRIVE SE. SUITE 220
ST PETERSBURG FL 33701

Mailing Address

C/O THOMAS C. EOBERGE
ONE BEACH DRIVE SE. SUITE 220
ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1998

4. FEI Number

APPLIED FOR

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.

☐

☐

No

9. Name and Address of Current Registered Agent

ROBERGE, THOMAS C
C/O THOMAS C. EOBERGE
ONE BEACH DRIVE SE, SUITE 220
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME ARCHER, MARION
STREET ADDRESS P.O. BOX 3151, ROAD TOWN
CITY-ST-ZIP TORTOLA, BRITISH VIRGIN ISL

TITLE D ☐ DELETE

NAME BAPTISTE, CORNEL
STREET ADDRESS P.O. BOX 3151, ROAD TOWN
CITY-ST-ZIP TORTOLA, BRITISH VIRGIN ISL

TITLE D ☐ DELETE

NAME PERKINS, JOHN H
STREET ADDRESS JARDINE HOUSE 1 WESLEY STREET
CITY-ST-ZIP ST HELLER JERSEY JE48UD

TITLE D ☐ DELETE

NAME CHALMERS-HUNT, DAVID
STREET ADDRESS JARDINE HOUSE 1 WESLEY STREET
CITY-ST-ZIP ST HELLER JERSEY JE48UD

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 MARTIN, KISHMA
1.3 STREET ADDRESS PO BOX 3151, ROAD TOWN
1.4 CITY-ST-ZIP TORTOLA, BVI

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

3/10/99

727 822 9393

Date

Daytime Phone #

CR2E034 (11/98)

0404922