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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90198 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000005193

1. Corporation Name

FIRST DOMINION TECHNOLOGY, INC.

Principal Place of Business

% CT CORPORATION
1209 ORANG STREET
WILMINGTON DE 19801

Mailing Address

% CT CORPORATION
1209 ORANG STREET
WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2907 Bay to Bay Blvd.	26 2907 Bay to Bay Blvd.	09/16/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 Suite 200	27 Suite 200	59-3530298
City & State	City & State	Applied For
23 Tampa, FL	28 Tampa, FL	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 33629	29 33629	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	Trust Fund Contribution
25 USA	30 USA	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

KRUSEN, W. A JR
2907 BAY TO BAY BLVD., STE. 200
TAMPA FL 33629

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

W. A. Krusen, Jr.

W A Krusen, Jr.

4/21/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIDDINGER, CLAY M	1.2 NAME	
STREET ADDRESS	2841 COBBLESTONE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	1.4 CITY-ST-ZIP	
TITLE	VCOF <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTRELL, JAMES H	2.2 NAME	
STREET ADDRESS	3205 NUTLEY COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA 23233	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUSEN, W A JR	3.2 NAME	
STREET ADDRESS	2907 BAY TO BAY BLVD, STE. 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, W M JR	4.2 NAME	
STREET ADDRESS	250 WEST MAIN STREET, STE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22902	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

W. A. Krusen, Jr.

W A Krusen, Jr.

4/21/99

813-837-3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (11/98)