

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 17, 1999 8:00 am**  
**Secretary of State**

08-17-1999 90012 004 \*\*\*550.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F98000007137**

1. Corporation Name

**PREMIER AGENDAS, INC.**

Principal Place of Business

20000 KENTUCKY ST  
BELLINGHAM WA 98226

Mailing Address

20000 KENTUCKY ST  
BELLINGHAM WA 98226

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1998

4. FEI Number

33-0481380

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. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **BERENDS, HENDRIK**  
STREET ADDRESS **155 E. WISER LAKE RD**  
CITY-ST-ZIP **LYNDEN WA 98265**

1.1 TITLE ☐ Change ☐ Addition

TITLE **V** ☐ DELETE

NAME **KINGMA, THEODORE**  
STREET ADDRESS **3705 LINDSAY RD**  
CITY-ST-ZIP **EVERSON WA 98247**

2.1 TITLE ☐ Change ☐ Addition

TITLE **V** ☐ DELETE

NAME **STEL, HARRY**  
STREET ADDRESS **20434-46A AVE**  
CITY-ST-ZIP **LANGLEY, BC V3A 3J8**

3.1 TITLE ☐ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME **LOEPPKY, DAVID**  
STREET ADDRESS **711 BRIAR RD**  
CITY-ST-ZIP **BELLINGHAM WA 9825**

4.1 TITLE ☐ Change ☐ Addition

TITLE **CFO** ☐ DELETE

NAME **GIBSON, JAMES S**  
STREET ADDRESS **4522 E. OREGON ST**  
CITY-ST-ZIP **BELLINGHAM WA 98226**

5.1 TITLE ☐ Change ☐ Addition

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.

**SIGNATURE:**

*Hendrik Berends*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-2-99 (360) 734-1153

CR2E034 (5/99)

0129303