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

DOCUMENT # G00595

XOPT, INC.

FILED
May 07, 1999 8:00 am
Secretary of State
05-07-1999 90139 020 ***150 00



Principal Place of Business Mailing Address							
6910 NW 52 LANE 6910 NW 52 LANE							
% CHARLES F.	= -		% CHARLES F. HOOPER			DO NOT WRITE IN THIS SPACE	
GAINESVILLE FL US	_ 32653	US	GAINESVILLE FL 32653			3. Date Incorporated or Qualifed	
03		00				09/20/1982	
2 Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
¬ '		<u></u>	26			59-2242345 Not Applicable	
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional	
22		27	<u> </u>			5. Certificate of Status Desired Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Zip Cou			8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent	
1100	DED OLIABLES E			81	Name		
	PER, CHARLES F.			82	Street Addr	ldress (P.O. Box Number is Not Acceptable)	
	NW 52 LANE ESVILLE FL 32653			83			
CAN	EQUIET LE 02000			03			
				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							
office or re agent. I ar	egistered agent, or both, in the Stat in familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, Fl	orida Stati	ונסן. tes.	trie corporation.	gron's board of directors. Thereby accept the appointment as registered	
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					t signature require	ired when reinstating) OATE OCCUPANIES TO OCCUPANIES AND DIRECTORS IN 13	
12.	·	ND DIRECTORS ☐ DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	DP		1.1 Til				
NAME	HOOPER, CHARLES F		1.2 NA				
STREET ADDRESS	6910 NW 52 LANE				ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000	☐ DELETE	1.4 CF		T-ZIP	Change Addition	
TITLE			2.1 111				
NAME			2.2 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		☐ DELETE	2.4 C		T-ZIP	☐ Change ☐ Addition	
TITLE		☐ DECE+€	3.1 TII			□ availa □ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
NAME			32 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			3.4. C		T-ZIP	☐ Change ☐ Addition	
TITLE			4.1 111				
NAME			4.2 N		ADDRESS	•	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CI		1-ZIP	☐ Change ☐ Addition	
TITLE			5.1 TI				
NAME					ADDRESS		
STREET ADDRESS			5.4 CF				
CITY-ST-ZIP		☐ DELETE	6.1 TI			☐ Change ☐ Addition	
TITLE		ال مرداد	6.2 NA				
NAME					ADDRESS		
STREET ADDRESS			6.4 CI				
CITY-ST-ZIP			0.4 CI	11-0	CELF		

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 emplowered 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: