## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

## PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE Katherine Harris

1999

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # G27920

1. Corporation Name

Τ.,	OGTCAL	SOLUTIONS	RESEARCH	æ	DEVELOPMENT	INC

Principal Place of Business

Mailing Address

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

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05-17-1999 90085 008 \*\*\*150.00

4806 OAK ACRES DR.	4806 OAK ACRES							
LAKE WALES, FL 33853	LAKE WALES, FL	33853	DO NOT WRITE IN THIS SPACE					
			3. Date Incorporated or Qualified					
			03/15/1983					
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For					
21	26		59-2296363   Not Applicable					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional					
	27		Fee Required					
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
	28	<del> </del>						
Zip Country	Zip Cour	ntry	8. This corporation owes the current year Intangible Personal Property Tax.					
91	29 30							
9. Name and Address of Current F			10. Name and Address of New Registered Agent					
		81 Name						
SCUTING DE LUIDE M		82 Street Addre	ddress (P.O. Box Number is Not Acceptable)					
SCHINDLER, KURT M.								
4806 OAK ACRES DR.		83						
LAKE WALES, FL 33853	-	84 City	85 Zip Code					
		84 City	FL   S   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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change DELETÉ 1.1 TITLE TITLE SCHINDLER, KURT M. 1.2 NAME NAME 4806 OAK ACRES DR. 1.3 STREET ADDRESS STREET ADDRESS 33853 CITY - ST - ZIP LAKE WALES, FL 1.4 CITY - ST - ZIP Addition DELETE Change STD 2.1 TITLE TITLE SCHINDLER, SANDRA L. NAME 4806 OAK ACRES DR. 2.3 STREET ADDRESS STREET ADDRESS 33853 LAKE WALES, FL 2.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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.

Sandra A. SCHINDLER SANDRA L. SCHINDLER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-676-6393