Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90034 009 \*\*\*150.00

## 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 # **G95294**

1. Corporation Name

CHANGERICTION INC

GUMMSTHUCTION, INC.					IAN AINN BIRN AINN AINN	
·			<del></del>			
Principal Place of Business	Mailing Address					
300 MAGNOLIA AVE.	300 MAGNOLIA AVE.					
SUITE D SUITE D MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952				DO NOT WRITE	IN THIS SPACE	
US US			3. Date incorporated or Qualifed			
				04/09/1984		}
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
26		59-2457878	N	ot Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional		
27		J. Joerniegie di Cinias Bookea	ree R	equired		
City & State	City & State			6. Election Campaign Financing		May Be
23	28	-		Trust Fund Contribution	,,	to Fees
Zip Country	Zip	Country	'	8. This corporation owes the current	ı year Intangible ☐ Yes	□No
24 25	29 30	<del>)</del>		Personal Property Tax.  10. Name and Address of New Reg		
9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Ives	iotorou 7 tgorit	-
JESTER, JERRY L.						
15 E. MERRITT ISLAND CAUSEWAY		82	Street Addre	ss (P.O. Box Number is Not Acceptable	∌)	
SUITE #307		83		<del></del>		
MERRITT ISLAND FL 32954-8196		- [				
		84	City		FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the abov	e-named corpo	pration submits this statement for the pu	roose of changing it	s registered
office or registered agent, or both, in the State of	file day Coah shanna was suth	orized by		.  -     -          -	he annointment as r	anistered i
office of registered agent, or both, in the State of	i Florida. Such change was autic	Statutor	tne corporation	n's board of directors, i nereby accept ti	no appointment as i	-gistered
agent. I am familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statutes	the corporation	n's poard of directors. I nereby accept the	no appointment do l	egistered
agent. I am familiar with, and accept the obligati SIGNATURE	ons of, Section 607.0505, Florida	a Statutes	the corporation		DATE	
agent. I am familiar with, and accept the obligati	and title if applicable. (NOTE: Rec	a Statutes	i. 		DATE	ORS IN 12
agent. I am familiar with, and accept the obligati SIGNATURE  Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rec	gistered Age	i. 	when reinstating)	DATE	ORS IN 12
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP