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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H48353 1. Corporation Name

BYTESIZE, INC.

11542 CLEAR CREEK DR.

PENSACOLA FL 32514

Principal Place of Business

Mailing Address

11542 CLEAR CREEK DR. PENSACOLA FL 32514

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90045 043 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

| | | | | • | 03/21/1985 | , <u>,</u> | <u> </u> |
|---|---|------------------------|--|--|--|---|---|
| 2. Principal Pl | ace of Business | 2a. Mailing Address | <u> </u> | | 4. FEI Number | <u> </u> | Applied For |
| نه ڪ | _ | 26 S Am | _ي | | 59-2529492 | | Not Applicable |
| Suite, Apt. | | Suite, Apt. #, et | ic. | | 5. Certifcate of Status Desired | 1.4 | 5 Additional |
| 2 | . • | 27 | | | 5. Certificate of Citatio 200.105 | Fee | Required |
| City & State | 3 | City & State | | | 6. Election Campaign Financing | | 0 May Be |
| | | 28 | | | Trust Fund Contribution | Adde | d to Fees |
| Zip | Country | Zip | | ountry | 8. This corporation owes the cui | | de |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | Yes Taristand Agent | No |
| • | 9. Name and Address of Current | Registered Agent | 40.07 | 81 Name | 10. Name and Address of New | Registered Agent | |
| · DAV | & KIEVIT LAW FIRM | | • | oi wanie | | | |
| ST SE W | CCT MAIN CTDEET | | | 82 Street Add | lress (P.O. Box Number is Not Accep | table) | |
| 15 WEST MAIN STREET PENSACOLA FL 32501 | | | | 83 (100) 30° (200) 300 (300) 3 | | त्र सङ्क्ष्णे (२००० हो 1900 दूर) ≹ १८६४ विक्रियोगी है हैंजिले हैं जिस् | er garrengerinter er kingt kant ikki |
| PEIK | SACOLA FL 32301 | | | 83 | | 學記。建編輯為 | |
| | | | | 84 City | | 85 Z | ip Code |
| riors bitubil | reme. 10 | | | | | FL | 2 1 - 1 1 |
| affina are | to the provisions of Sections 607.0502 egistered agent, or both, in the State of | t Fiorida Such change | was authoriz | zeu by the corporat | poration submits this statement for the ion's board of directors. I hereby acce | e purpose or changing ept the appointment as | registered |
| oπice or re agent. I a | egistered agent, or both, in the State of m familiar with, and accept the obligation | ons of, Section 607.05 | 05, Florida St | tatutes. | | | |
| SIGNATURE | | | | | | | · |
| JIGIATORE | Signature, typed or printed name of registered agent | | | red Agent signature requir | red when feinstating) ADDITIONS/CHANGES TO O | DATE | TORS IN 12 |
| 12. | OFFICERS AND | | | 3. | ADDITIONS/CHANGES TO O | Chan | |
| TITLE | DP | ☐ DEL | | 1 TITLE | | | 3 • |
| NAME | BLANCHARD, DALLAS A. | | 12 | 2 NAME | | | |
| TOWAL . | | | | | | | |
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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.