

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90118 002 ***150.00

DOCUMENT # H61988

1. Corporation Name
REFLECTONE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4908 TAMPA WEST BLVD
P O BOX 15000
TAMPA FL 33684-5000
US A 33634

Mailing Address

4908 TAMPA WEST BLVD/
P O BOX 15000
TAMPA FL 33684-5000
USA

2. Principal Place of Business

21 4908 Tampa West Blvd

Suite, Apt. #, etc.

22 City & State
Tampa, FL

23 Zip Country
33634 USA

2a. Mailing Address

26 P.O. Box 15000

Suite, Apt. #, etc.

27 City & State
Tampa, FL

28 Zip Country
33684-5000 USA

3. Date Incorporated or Qualified

06/13/1985

4. FEI Number

06-0663546

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 Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WELSHHANS, RICHARD W
REFLECTONE, INC.
4908 TAMPA WEST BLVD
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name CT Corporation
82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
83
84 City Plantation FL 85 Zip Code 33324

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.

PETER F. SOUZA
ASSISTANT SECRETARY

4/29/99

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PITTS, J W	
STREET ADDRESS	4908 TAMPA WEST BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KELLEY REROAD	
STREET ADDRESS	4908 TAMPA WEST BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRANCATO, A.S.	
STREET ADDRESS	4908 TAMPA WEST BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	VTS	<input checked="" type="checkbox"/> DELETE
NAME	WELSHHANS, R.	
STREET ADDRESS	4908 TAMPA WEST BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ALDEN, DEREK R	
STREET ADDRESS	4908 TAMPA WEST BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WEBSTER, ROBERT D	
STREET ADDRESS	4908 TAMPA WEST BLVD	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VP Special Projects Exec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Secretary & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Arthur J. Yeager
4.3 STREET ADDRESS	4908 Tampa West Blvd
4.4 CITY-ST-ZIP	Tampa FL
5.1 TITLE	VP Marketing & New Business <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John S. Lenyo
5.3 STREET ADDRESS	4908 Tampa West Blvd
5.4 CITY-ST-ZIP	Tampa FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Arthur J. Yeager

4/28/99

813 885 7481

CR2E034 (11/98)