

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90166 041 ***150.00

DOCUMENT # H65401

1. Corporation Name
CONCORDE TECH, INC.

Principal Place of Business
1621 DOLPHIN DR
LAKELAND FL 33801
US

Mailing Address
1621 DOLPHIN DR
LAKELAND FL 33801
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1985

4. FEI Number

59-2622241

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLIS, FRED
1013 S PENN
LAKELAND FL 33801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ELLIS SR, CHARLES DENNIS
STREET ADDRESS 413 BURBANK AVE.
CITY-ST-ZIP LAKELAND FL
☒ DELETE

1.1 TITLE
1.2 NAME ROBERT E. GOBOLDT
1.3 STREET ADDRESS 1351 WALKER CT.
1.4 CITY-ST-ZIP LAKELAND, FL.
☐ Change ☒ Addition

TITLE VP
NAME GODBOLDT, PAMELA L
STREET ADDRESS 1351 WALKER CT.
CITY-ST-ZIP LAKELAND FL
☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE M
NAME ELLIS, CHARLES D JR.
STREET ADDRESS 1905 W. DAUGHTERY RD.
CITY-ST-ZIP LAKELAND FL
☒ DELETE

3.1 TITLE
3.2 NAME LIU, JENG HUA
3.3 STREET ADDRESS 1621 DOLPHIN DR.
3.4 CITY-ST-ZIP LAKELAND, FL
☐ Change ☒ Addition

TITLE S
NAME ABLONOI, JENNIFER R
STREET ADDRESS 1475 WOODLAKE DRIVE #209
CITY-ST-ZIP LAKELAND FL 33803
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE PD
NAME ELLIS SR., CHARLES D
STREET ADDRESS 1621 DOLPHIN DRIVE
CITY-ST-ZIP LAKELAND FL 33801
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE M
NAME ELLIS JR, CHARLES D
STREET ADDRESS 129 MILLERS TERRACE DRIVE
CITY-ST-ZIP ST MARYS GA 31558
☐ DELETE

6.1 TITLE
6.2 NAME M ELLIS JR, CHARLES D
6.3 STREET ADDRESS 129 MILLERS TRANCE DR
6.4 CITY-ST-ZIP ST. MARYS, GA 31558
☒ Change ☐ Addition

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 a letter empowered.

SIGNATURE:

CHARLES D. ELLIS 4-20-99 666-5058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)