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FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90014 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H65660

1. Corporation Name
PRODUCT INNOVATION, INC.



Principal Place of Business
665 YOUNGSTOWN PKWY
261
ALTAMONTE SPRINGS FL 32714
US

Mailing Address
665 YOUNGSTOWN PKWY
261
ALTAMONTE SPRINGS FL 32714
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1985

4. FEI Number

59-2563078

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

21 **708 HUPA COURT**

Suite, Apt. #, etc.

22

City & State

23 **LAKE MARY, FL**

Zip

24 **32746**

Country

25 **US**

2a. Mailing Address

26 **708 HUPA COURT**

Suite, Apt. #, etc.

27

City & State

28 **LAKE MARY, FL**

Zip

29 **32746**

Country

30 **US**

9. Name and Address of Current Registered Agent

OMBRES, ALEXANDER J
ARNOLD, MATHENY & EAGAN, PA
801 N MAGNOLIA AVE., SUITE 201
ORLANDO FL 32803

10. Name and Address of New Registered Agent

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

TITLE **FPD** ☐ DELETE

NAME **MOSS, JAMES R.**
STREET ADDRESS **655 YOUNGSTOWN PKWY, #261**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **VSD** ☐ DELETE

NAME **MOOS, PEGGY**
STREET ADDRESS **665 YOUNGSTOWN PKWY, #261**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PTD** ☒ Change ☐ Addition

1.2 NAME **MOSS, JAMES R.**
1.3 STREET ADDRESS **708 HUPA COURT**
1.4 CITY-ST-ZIP **LAKE MARY, FL 32746**

2.1 TITLE **VSD** ☒ Change ☐ Addition

2.2 NAME **MOSS, PEGGY**
2.3 STREET ADDRESS **708 HUPA COURT**
2.4 CITY-ST-ZIP **LAKE MARY, FL 32746**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
JAMES R. MOSS

Date

1/13/99

Daytime Phone #

(407) 302-2842

CR2E034 (11/98)