

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 90220 023 ***150.00

DOCUMENT # J26235

1. Corporation Name

AMERITREND CORPORATION

Principal Place of Business
11201 DANKA CIRCLE N.
ST. PETERSBURG FL 33716

Mailing Address
11201 DANKA CIRCLE N
TAX DEPARTMENT
ST. PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1986

4. FEI Number

59-2700746

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	DOYLE, DANIEL M	
STREET ADDRESS	11201 DANKA CIRCLE N.	
CITY-STATE-ZIP	ST. PETERSBURG FL 33716	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SNELL, DAVID C	
STREET ADDRESS	11201 DANKA CIRCLE N.	
CITY-STATE-ZIP	ST. PETERSBURG FL 33716	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BERG, DAVID P	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	
CITY-STATE-ZIP	ST. PETERSBURG FL 33716	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SUIJK, PAUK K	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	
CITY-STATE-ZIP	ST. PETERSBURG FL 33716	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	THORN, W. THOMPSON III	
STREET ADDRESS	11201 DANKA CIRCLE N.	
CITY-STATE-ZIP	ST. PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PID	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
12 NAME	Larry K. Switzer		
13 STREET ADDRESS	11201 Danka Circle N.		
14 CITY-STATE-ZIP	St. Petersburg FL 33716		
21 TITLE	VID	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
22 NAME	Brian L. Merriman		
23 STREET ADDRESS	11201 Danka Circle N.		
24 CITY-STATE-ZIP	St. Petersburg FL 33716		
31 TITLE	SIVID	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-STATE-ZIP			
41 TITLE	VID	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
42 NAME	F. Mark Wolfinger		
43 STREET ADDRESS	11201 Danka Circle N.		
44 CITY-STATE-ZIP	St. Petersburg FL 33716		
51 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
52 NAME	L. Jean Berry		
53 STREET ADDRESS	11201 Danka Circle N.		
54 CITY-STATE-ZIP	St. Petersburg FL 33716		
61 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
62 NAME	Michel Amblard		
63 STREET ADDRESS	11201 Danka Circle N.		
64 CITY-STATE-ZIP	St. Petersburg FL 33716		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 (727) 576-6003

Date

Daytime Phone #

CR2E034 (11/98)