PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J39802

1. Corporation Name

FEARLESS COMPUTING, INC.

Prin	cipal	Place	of	Busines
	•			ROAD
OCAI	LA FI	. 3267	4	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28 Zip

3961 S.E. 26TH CT ROAD OCALA Fl. 32671

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90083 001 ***150.00



	DO NOT WRI	TE IN TH	IIS SPACE
3.	Date Incorporated or Qualifed		
	10/28/1986		
4.	FEI Number		Applied For
	59-2740496		Not Applicable
5.	Certificate of Status Desired		\$8.75 Additional Fee Required

	1 CC Modernos
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes the current year	r Intangible

25	29	30			1	Personal Property Tax.	L. Yes	∐No
Name and Address of Current Registered Agent				10.	Name and Address of New Regis	tered Agent		
			81	Name				
R, ARLENE J.								
			82	Street Addres	s (F	P.O. Box Number is Not Acceptable)		

GARDNE 3961 SE 26TH COURT ROAD OCALA FL 34480

Country

	83						
	84	City	,		FL	85	Zip Code
he al	pove	-named corpora	tion submits this sta	tement for the pu	rpose of cl	nang	ing its registered

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above
office or registered agent, or both, in the State of Florida. Such change was authorized by t
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

_3					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	Registered Agent signature required	when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	RS IN 12
TITLE	P DELETE	1.1 TITLE		☐ Change	Addition
NAME	GARDNER, ARLENE J.	1.2 NAME			
STREET ADDRESS	ACCULATE COLUMN TO	1.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP			
TITLE	DELETE	2.1 TITLE		Change	☐ Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP			
TITLE	DELETE, .	3.1·TTLE		☐ Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4, CITY-ST-ZIP			
TITLE	DELETE	4.1 TiTLE		Change	☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<u></u>		
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
OPD / OT 710		64 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 attach remarks, with all other like empowered.

SIGNATURE: