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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # .175015

| Principal Place of Business Mailing Address SSS 18 9 Mails R. 2274-4624 SSS 18 9 M | Corporation | TECHNICAL SERVICES, IN | IC. | | | | | |
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| 2. Principal Place of Business Za. Mailing Address 4. FET Number Applied For SS-281 2269 Next Application Stude, Apt. #, etc. Suita, Apt. #, | | | MIMS FL 32754-4824 | -4824 | | DO NOT MIDITE IN TH | IIS SDACE | |
| 2. Principal Place of Business | US | | US | JS | | | | |
| Suite, Apt. #, etc. Soite, Apt. #, etc. | | | | | | 1 | | |
| Sulte, Apt. #, etc. 21 27 27 27 27 27 27 27 | 2. Principal Pla | ace of Business | 2a. Mailing Address | | | | Арр | lied For |
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| Zip Country Zip | 27 | | | | | | | |
| 2p Country Zip Country Zip Country Zip Country S. This corporation owes the current year intanglible Yes No No Personal Property Tax. Yes No No No No No No No N | City & State City & | | ⊢ ′ | | | | | |
| 22 25 28 30 Personal Property Tax. Yes No | | | | Country | | | | rees |
| 9. Name and Address of Current Registered Agent JONES, LEONARD D. 5325 US HWY 1 MIMS FL 32754 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Fibride 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 includes with statutes that the provisions of Sections 607.0502 and 607.1508. Fibride Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and the statement of registered agent | | | | | | | | □No I |
| JONES, LEONARD D. 5325 US HWY 1 MIMS FL 32754 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 80 | 24 | | | 30 | | 10 Name and Address of New Registers | | |
| JONES, LEONARD D. 5325 US HWY 1 | | 9. Name and Address of Curren | r registered Agent | 81 | Name | to, italic did / tour out of the same | | $\neg \neg \neg$ |
| S325 US HWY 1 MMMS FL 32754 85 85 86 87 88 88 88 88 88 88 88 88 | JONE | es, Leonard D. | | | | | | |
| ### City ### City ### City ### St 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 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, 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, 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, and accept the objection of 0.7605. Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. In TILE JASPERSON D POB 808 11. STREET ADDRESS OITY-ST2P TITUS ULLE FL 32781 12. AUTY-ST2P JONES LEONARD D. STREET ADDRESS OITY-ST2P JONES LEONARD D. STREET ADDRESS OITY-ST2P JONES LEONARD D. STREET ADDRESS OITY-ST2P JONES, PAMELA STACY 32. NAME 33. STREET ADDRESS OITY-ST2P JONES, PAMELA STACY 32. NAME 34. STREET ADDRESS OITY-ST2P MMNS FL 34. OFFICERS AND DIRECTORS IN 12 25. NAME 36. TITUS ULLE FL 26. TITLE 36. TITLE 37. TITLE 38. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. STREET ADDRESS 14. ORTY-ST2P 15. TITLE 15. TITLE 26. Change Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 27. NAME 38. TITLE TITLE 38. TITLE 40. Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 27. NAME 38. TITLE 38. TITLE 40. Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. TITLE 40. Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. TITLE 40. Chang | · | | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| 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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE VPS OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE VPS OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITITLE VPS OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITITLE VPS OFFICERS AND DIREC | MIMS | FL 32754 | | 83 | | Life and the second sec | | |
| 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 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, and familiar with, and accept the obligations of, Section 607.0509, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent, and familiar familiar with, and accept the obligations of, Section 607.0509, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent, and familiar familiar with, and accept the obligations of, Section 607.0509, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar familiar with, and accept the obligations of, Section 607.0509, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and statutes and the appointment as registered agent, and appointment as registered agent agent, and appo | | | | | | | 11 - 0 | |
| 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 and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Intelligent of the provisions of Section 807.0505, Florida Statutes. 15. OFFICERS AND DIRECTORS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Intelligent of the provisions of Section 807.0506, Florida Statutes. 16. Signaturia, typed or printed name of registered agent agent and agent | | | | 84 | City | F | L 85 Zip C | ,ode |
| 12. | office or re agent. I ar | egistered agent, or both, in the State on the obligation of the ob | or Florida. Such change was autions of, Section 607.0505, Florid | da Statutes | | United States of Contractions. I realized a second and applications of the second and applications. | of changing its roointment as reg | registered pistered |
| TITLE | Signatural types of the signature of the | | | | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | RS IN 12 |
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| STREET ADDRESS POB 808 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | | | 1.2 NAME | | | | |
| TITLE | , ! | 200 000 | | 1.3 STREET ADDRESS | | | | |
| TITLE | 1 1 | | | 1.4 CITY-S | T-ZIP | | | |
| P.O. BOX 6137 N/A 2.3 STREET ADDRESS | | | ☐ DELETE | 2.1 TITLE | | | ☐ Change | Addition |
| TITUSVILLE FL | NAME | JONES LEONARD D. | | 2.2 NAME | 1 | | | |
| TITUSVILLE FL | STREET ADDRESS | | | 2.3 STREE | T ADDRESS | | | - |
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| STREET ADDRESS S325 US #1 | | T | ☐ DELETE | 3.1 TITLE | | | Change | ☐ Addition |
| MIMS FL | NAME | JONES, PAMELA STACY | | 3.2 NAME | | | | |
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| A CITY-ST-ZIP | NAME | | | 4. 2 NAME | | | | ļ |
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| NAME | CITY-ST-ZIP | | | _ | T-ZIP | | | C Addition |
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| DELETE 6.1 TITLE | STREET ADDRESS | | | | | | | |
| NAME 62 STREET APORES | | 51-4P | | | 1-ZIP | | Change | ☐ Addition |
| NAME | | | ☐ DEFE ! E | 1 | | | | L. 10010011 |
| etdeet Address 5.3 STREET ADDRES | i | • | | | TADORESS | | | |

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #