

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90093 025 ***150.00

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DOCUMENT # K70900

1. Corporation Name
BILL AULT SYSTEMS, INC.

Principal Place of Business
**2822 FORSYTHA RD.
108
WINTER PARK FL 32792**

Mailing Address
**2822 FORSYTHA RD.
108
WINTER PARK FL 32792**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1989

4. FEI Number
59-2936682

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 **2822 Forsyth Rd**

Suite, Apt. #, etc.

22 **108**

City & State

23 **Same**

Zip

24 **Same**

Country

2a. Mailing Address

26 **2822 Forsyth Rd.**

Suite, Apt. #, etc.

27 **108**

City & State

28 **Same**

Zip

29 **Same**

Country

30

9. Name and Address of Current Registered Agent

**AULT, WILLIAM J.
1300 FERN FOREST RUN
OVIEDO FL 32765**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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	VP	1.1 TITLE	
NAME	AULT, JOSEPH	1.2 NAME	
STREET ADDRESS	1300 FERN FOREST RUN	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	
NAME	AULT, BIDDIE	2.2 NAME	
STREET ADDRESS	1300 FERN FOREST RUN	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	AULT, WILLIAM J	3.2 NAME	
STREET ADDRESS	1300 FERN FOREST RUN	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)