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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90029 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # K88990

1. Corporation Name
HUMAN X FACTORS, INC.

Principal Place of Business
7430 SUNSHINE SKYWAY LANE S
#501
ST. PETERSBURG FL 33711
US

Mailing Address
P O BOX 530096
ST. PETERSBURG FL 33747
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/17/1989

4. FEI Number
22-2795485

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

2a. Mailing Address

21 7432 Sunshine Skyway Lane S.

2a. SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #501D

27

23 ST. PETERSBURG, Florida

28

Zip Country

Zip Country

24 33711

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, ROBERT J
6500 CENTRAL AVENUE
ST. PETERSBURG, FL FL 33707

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DUCK, BEVERLY ANN
STREET ADDRESS 2500 70TH AVE., S.
CITY-ST-ZIP ST PETERSBURG FL

1.1 TITLE PD
1.2 NAME DUCK, BEVERLY ANN
1.3 STREET ADDRESS 7432 SUNSHINE SKYWAY LANE S. #501
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33711

TITLE VD
NAME DUCK, EVANDER
STREET ADDRESS 2500 70TH AVE., S.
CITY-ST-ZIP ST PETERSBURG FL

2.1 TITLE VD
2.2 NAME EVANDER DUCK
2.3 STREET ADDRESS 7432 SUNSHINE SKYWAY LANE S. #501
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

727-866-7557

Date

Daytime Phone #

CR2E034 (1/1/98)