

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  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90266 025 \*\*\*158.75

DOCUMENT # L39094

1. Corporation Name  
SYNAPSE PLANNING, INC.

Principal Place of Business

80 MARKLAND PL  
SUITE 1  
ST AUGUSTINE FL 32084  
US

Mailing Address

P.O BOX 5353  
ST AUGUSTINE FL 32085-5353  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1989

4. FEI Number

59-2985075

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 80 Markland Place

Suite, Apt. #, etc.

22 SUITE E

City & State

23 St. Augustine, FL

Zip

24 32084

Country

25 U.S.

2a. Mailing Address

26 P.O. Box 5353

Suite, Apt. #, etc.

27

City & State

28 St. Augustine, FL

Zip

29 32085

Country

30 U.S.

9. Name and Address of Current Registered Agent

REIGGER, STANLEY M  
1064 CR 13 SO  
#1  
ST AUGUSTINE FL 32092

mistake

10. Name and Address of New Registered Agent

81 Name

82 Reigger, Stanley M.

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

1064 C.R. 13 South

84

St. Augustine

FL

85 Zip Code

32092

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

STANLEY M. REIGGER April 27 1999

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME REIGGER, STANLEY M

STREET ADDRESS 1064 CR 13 SO

CITY-ST-ZIP ST AUGUSTINE FL

TITLE D ☐ DELETE

NAME JOHNSON, DONNA

STREET ADDRESS 241 ATLANTIC BLVD

CITY-ST-ZIP NEPTUNE BEACH FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

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TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ☒ Address

1.3 STREET ADDRESS ☒ Correction

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 (11/98)