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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90128 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # L53543

1. Corporation Name
INFRASTRUCTURE TECHNOLOGY, INC.

Principal Place of Business

~~9485 REGENCY SQUARE BLVD.~~
~~SUITE 225~~
~~JACKSONVILLE FL 32225~~
US

Mailing Address

~~9485 REGENCY SQUARE BLVD.~~
~~SUITE 225~~
~~JACKSONVILLE FL 32225~~
US

2. Principal Place of Business

21 6272 Dupont Station Court

Suite, Apt. #, etc.

22 City & State

23 Jacksonville, FL 32217

24 Zip Country
32217 USA

2a. Mailing Address

26 6272 Dupont Station Court

Suite, Apt. #, etc.

27 City & State

28 Jacksonville, FL 32217

29 Zip Country
32217 USA

9. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L

~~239 E BAY ST~~

~~STE 901 BLACKSTONE BLDG~~

~~JAX FL 32202~~

3. Date Incorporated or Qualified

02/27/1990

4. FEI Number

59-2996715

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

10. Name and Address of New Registered Agent

81 Name

LePrell, Samuel L.

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

1930 San Marco Boulevard, Suite 201

83

St. Marks Place

84 City

Jacksonville

FL

85 Zip Code

32207

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

TITLE PTS
NAME ROBINSON, JAMES
STREET ADDRESS ~~9485 REGENCY SQUARE BLVD., #225~~
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTS
1.2 NAME ROBINSON, JAMES M.
1.3 STREET ADDRESS 6272 DUPONT STATION COURT
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32217

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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

Date

(904) 636-6755

Daytime Phone #