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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90151 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # L64032

1. Corporation Name

INNOVATIVE SYSTEMS, INC.

Principal Place of Business

28100 U.S. HIGHWAY 19, STE. 301
CLEARWATER FL 33761
US

Mailing Address

28100 U.S. HIGHWAY 19, STE. 301
CLEARWATER FL 33761
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1990

4. FEI Number

62-1422220

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

9. Name and Address of Current Registered Agent

CASTILHO, ELIZABETH P.
28100 U.S. HIGHWAY 19, #504
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name

PIEDMONT, J. F.

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

28100 U.S. HWY 19 N

83

SUITE 301

84 City

CLEARWATER

FL

85 Zip Code
33761

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)

4/21/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	PRESIDENT, DIRECTOR
NAME	PIEDMONT, JOHN F.	1.2 NAME	PIEDMONT, JOHN F.
STREET ADDRESS	114 WATEREDGE COURT	1.3 STREET ADDRESS	114 WATEREDGE CT.
CITY-STATE-ZIP	SAFETY HARBOR FL 34695	1.4 CITY-STATE-ZIP	SAFETY HARBOR, FL 34695
TITLE	DV	2.1 TITLE	SECRETARY, DIRECTOR
NAME	HOBSON, MARVIN G., JR.	2.2 NAME	HOBSON, MARVIN G., JR.
STREET ADDRESS	4437 LOCHURST	2.3 STREET ADDRESS	4401 LOCHURST COURT
CITY-STATE-ZIP	PIAFFTOWN NC	2.4 CITY-STATE-ZIP	PIAFFTOWN, NC 27040
TITLE	DV	3.1 TITLE	
NAME	CASTILHO, CARLOS J.	3.2 NAME	
STREET ADDRESS	3022 KEY HARBOR DRIVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	SAFETY HARBOR FL 34695	3.4 CITY-STATE-ZIP	
TITLE	DVS	4.1 TITLE	
NAME	CASTILHO, ELIZABETH P.	4.2 NAME	
STREET ADDRESS	3022 KEY HARBOR DRIVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	SAFETY HARBOR FL	4.4 CITY-STATE-ZIP	
TITLE	VP	5.1 TITLE	CFO, TREASURER, ASST. SEC.
NAME	NEESE, EMILY G.	5.2 NAME	NEESE, EMILY G.
STREET ADDRESS	124 PLYMOUTH AVE	5.3 STREET ADDRESS	124 PLYMOUTH AVE
CITY-STATE-ZIP	WINSTON-SALEM NC	5.4 CITY-STATE-ZIP	WINSTON-SALEM, NC 27106
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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:

Emily G. Neese, Emily G. Neese

4/23/99 336/896-700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)