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FILED

Feb 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L93926 (8)

1. Corporation Name
CUTTING EDGE TECHNOLOGIES, INC.

Principal Place of Business

2737A CAPITAL CIRCLE
NORTH EAST
TALLAHASSEE FL 32308
US

Mailing Address

2737-A CAPITAL CIRCLE NORTHEAST
TALLAHASSEE FL 32308-4107
US



3. Date Incorporated or Qualified
08/15/1990

3a. Date of Last Report
06/19/1996

4. FEI Number

59-3037943

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21. 1903 Welby Way
Suite, Apt. #, etc.

22. Tallahassee Florida
City & State

23. Tallahassee Florida
Zip Country

24. 32308

25. USA

2a. Mailing Address

26. 1903 Welby Way
Suite, Apt. #, etc.

27. Tallahassee Florida
City & State

28. Tallahassee Florida
Zip Country

29. 32308

30. USA

9. Name and Address of Current Registered Agent

FLOORE, MALCOLM EUGENE
3032 IRONWOOD DR.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D C
FLOORE, MALCOLM EUGENE
STREET ADDRESS 3032 IRONWOOD DR.
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE
NAME D
FLOORE, CAREY E.
STREET ADDRESS P. O. BOX 931 N/A
CITY-ST-ZIP PT. ST. JOE FL

TITLE ☐ DELETE
NAME ~~Harp, Sam R.~~
STREET ADDRESS ~~3032 Ironwood Drive~~
CITY-ST-ZIP ~~Tallahassee, Florida 32308~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME C
Flore, Malcolm Eugene
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☒ Addition
22 NAME D
Harp, Sam R.
23 STREET ADDRESS 3032 Ironwood Drive
24 CITY-ST-ZIP Tallahassee Florida 32308

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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.

SIGNATURE: GENE FLOORE

2/12/97

904-877-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)