

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90230 011 ***150.00

DOCUMENT # M07153

1. Corporation Name

EXECUTIVE MANAGEMENT INFORMATION AND TECHNICAL SERVICES, INC.

Principal Place of Business

1220 TURNER STREET
D
CLEARWATER FL 33756
US

Mailing Address

P.O. BOX 156
CLEARWATER FL 33757
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1984

2. Principal Place of Business

21 1681 Elm Place

Suite, Apt. #, etc.

22

City & State

23 Clearwater, FL

Zip Country

24 33755 25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29 30

4. FEI Number

59-2478491

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

CORCORAN, ELIZABETH
1822-H SUNSET PT. RD.
CLEARWATER FL 33765

10. Name and Address of New Registered Agent

81 Name CRAMB, ELIZABETH C.

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

1681 Elm Place

83

84 City Clearwater

FL

85 Zip Code

33755

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

Elizabeth C. Cramb

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME CORCORAN, ELIZABETH H.
STREET ADDRESS 1822 H SUNSET PT. RD.
CITY-ST-ZIP CLEARWATER FL 33765

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DP CRAMB, Elizabeth C.

1.3 STREET ADDRESS 1681 Elm Place

1.4 CITY-ST-ZIP Clearwater, FL 33755-1318

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Elizabeth C. Cramb
CRAMB

Date

Daytime Phone #

3/29/99 (727) 449-1219

CR2E034 (11/98)