

SEVERE NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
IF NOT PAID ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO STATE: \$236.25).

APPROVED
AND
FILED

97 OCT -1 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N94000003939 (5)**

1. Corporation Name
REFER-IT, INC.



Principal Place of Business Mailing Address
2014 DREW ST., SUITE 7 CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/10/1994** 3a. Date of Last Report **03/07/1996**
 4. FEI Number **59-3266232** 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **2424 ENTERPRISE RD.** 26 **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **SUITE 7** 27
 City & State City & State
 23 **CLEARWATER FL** 28
 Zip Country Zip Country
 24 **33763** 25 29 30

4. Name and Address of Current Registered Agent
MACKENZIE, G. MICHAEL
2424 ENTERPRISE RD., SUITE F
CLEARWATER FL 34623

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **G. MICHAEL MACKENZIE**
 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	BLANCHARD, ROBERT	
STREET ADDRESS	2014 DREW ST., SUITE 7	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LOGAN, JOAN	
STREET ADDRESS	3072 POINTER DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KIRSCHNER, MIKE	
STREET ADDRESS	1471 VENTNOR AVE.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WADSWORTH, ELIZABETH	
STREET ADDRESS	3118 GULF TO BAY BLVD. #130	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PROJ. JAMES DIEHL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1710 DREW ST	
1.4 CITY-ST-ZIP	CLEARWATER FL	
2.1 TITLE	VEET J. JUDGE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	TARPON P.O. BOX 2790	
2.4 CITY-ST-ZIP	PALM HARBOR FL 34682	
3.1 TITLE	VEET J. JUDGE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	2516 CYPRESS BENT DR. W.	
3.4 CITY-ST-ZIP	CLEARWATER FL 33861	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WALTER E. WEISHAR JR.	
4.3 STREET ADDRESS	630617 US Hwy 19 NO. STASUS	
4.4 CITY-ST-ZIP	PALM HARBOR FL 34684	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED

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8/10/11 Dep W. 25