## FILE NOW: FILING FEE,IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**Katherine** Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90016 050 \*\*\*\*61.25

1. Corporation	MENT # <b>N9700</b> C n Name CEIVED TEXT, INC.	0001378					<del> </del>	_	
Principal Place	e of Business	Mailing Address							
89 NORTH WA SARASOTA FL	P.O. BOX 6033 SARASOTA FL 33578								
2. Principal Pl	lace of Business	2a. Mailing Address		<del></del> -		3. Date Incorporated or Qualifed 03/12/1997			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		plied For	
22		27				APPLIED FOR 65.67700	28 - No	t Applicable	
City & State	e	City & State				5. Certificate of Status Desired	\$8.75 A		
Zip <b>24</b>	Country 25	Zip	Cou	intry		Election Campaign Financing     Trust Fund Contribution	\$5.00 Added to	-	
	9. Name and Address of Curren					10. Name and Address of New Registered	\gent		
				81 Name	)				
	, William H ESQ. Street West			82 Street	Addres	ss (P.O. Box Number is Not Acceptable)			
	ON FL 34205			83					
DISTOCIAL	01112 01200			84 City			85 Zip C	Code	
nffice or n	to the provisions of Sections 617.050; registered agent, or both, in the State in im familiar with, and accept the obligat	of Florida. Such change was at	uthorized	by the con	poration	ation submits this statement for the purpose of 's board of directors. I hereby accept the appoin	tment as req	gistered	
SIGNATURE					raquired w	den reinstating)	<del></del> -		€
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:		Agent signature	required w	Men reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	(86)
SIGNATURE	Signature, typed or printed name of registered agen		Registered	Agent signature	required w		D DIRECTO ☐ Change	RS IN 12	(11/98)
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered	I Agent signature	required w				
SIGNATURE 12.	Signature, typed or printed name of registered agen OFFICERS AN PD CALHOUN, JOHN R	nt and bile if applicable. (NOTE:  ID DIRECTORS  DELETE	13. 1.1 TI 1.2 N/	I Agent signature					
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agen OFFICERS AN PD CALHOUN, JOHN R	nt and title if applicable. (NOTE:  ID DIRECTORS  DELETE	13. 1.1 TI 1.2 N/ 1.3 ST	I Agent signature TLE AME			☐ Change	☐ Addition	
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED