NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUN 1 AM 9:46

DOCUMENT # N98000001550

1. Corporation Name
INSERTEC ORGANIZATION, INC.

Principal Place of Business | Mailing Address

6-1-99 90010 008 61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1321 Hart Street	26 1321 Hart Street	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number FIN 593522098 — Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MALLORY ABE W. 1321 Hart Street JACKSONVILLE FLA. 32209	61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: Abe W. Mallory — ABE W. MALLORY
Signature, type or print name of registered agent on line 4 applicable — (NOTE: Registered Agent signature required when refiling) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President NAME MALLORY, ABE W. STREET ADDRESS 1321 HART STREET CITY-ST-ZIP JACKSONVILLE FLA 32209	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME D-GREEN, CHARLIE STREET ADDRESS 1702 W. 5 STREET CITY-ST-ZIP JACKSONVILLE FLA. 32209	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME S-MCKENZIE, CARLTON A. STREET ADDRESS 4698 UNIVERSITY BLVD. N. CITY-ST-ZIP JACKSONVILLE FLA. 32211	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME WILLIAM, HERMAN STREET ADDRESS 550 Cody DRIVE CITY-ST-ZIP ORANGE PARK FL 32073	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TREASURE NAME GREEN, WILLIAM STREET ADDRESS 9013 GREENLEAF Road CITY-ST-ZIP JACKSONVILLE FLA. 32207	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME JACKSON, ROBERT STREET ADDRESS 7888 REVERE Ct CITY-ST-ZIP JACKSONVILLE FLA. 32217	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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 changed, or on an attachment with an address, with all other like empowered.

AP

SIGNATURE: Abe W. Mallory — ABE W. MALLORY
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #