


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90072 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000009645

1. Corporation Name

RITTING INFORMATION SYSTEMS, INC.

Principal Place of Business

320 DEBUEL ROAD
LUTZ FL 33549

Mailing Address

320 DEBUEL ROAD
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1992

4. FEI Number

59-3177556

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 10014 N. DALE MAREY HWY

Suite, Apt. #, etc.

22 Suite 216

City & State

23 TAMPA FL

Zip

24 33618

Country

25 US

2a. Mailing Address

26 10014 N. DALE MAREY HWY

Suite, Apt. #, etc.

27 216

City & State

28 TAMPA FL

Zip

29 33618

Country

30 US

9. Name and Address of Current Registered Agent

BEBEAU, CHRISTY M
320 DEBUEL ROAD
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

JON M BEBEAU

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

10014 N. DALE MAREY HWY

83

STE 216

84 City

TAMPA

FL

85 Zip Code

33618

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEBEAU, CHRISTY M	
STREET ADDRESS	320 DEBUEL ROAD	
CITY-ST-ZIP	LUTZ FL 33549	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		

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	2/1/5/17	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JON M BEBEAU	
1.3 STREET ADDRESS	10014 N. DALE MAREY HWY	
1.4 CITY-ST-ZIP	TAMPA FL 33618	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99 813-162-7528

CR2E034 (11/98)