

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 22, 1999 8:00 am
Secretary of State

04-22-1999 90231 023 ***150.00

DOCUMENT # P92000012893

1. Corporation Name

C-SIDE SYSTEMS, INC.

Principal Place of Business

100 S.R. 13
SUITE E
JACKSONVILLE FL 32259
US

Mailing Address

100 S.R. 13
SUITE E
JACKSONVILLE FL 32259
US

2. Principal Place of Business

21 11363 San Jose Blvd.
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite 301

27 Same

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

24 32223 25 Duval

29 30223 30 Duval

9. Name and Address of Current Registered Agent

FRIZZELL, STEVEN P
100 S.R. 13
SUITE E
JACKSONVILLE FL 32259

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1992

4. FEI Number

59-3155765

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

10. Name and Address of New Registered Agent

81 Name

STEVEN P. FRIZZELL

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

11363 San Jose Blvd

83 Suite

301

84 City

JACKSONVILLE

FL

85 Zip Code
32223

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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FRIZZELL, STEVEN P
STREET ADDRESS 8789 SAN JOSE BLVD, SUITE 212
CITY-ST-ZIP JACKSONVILLE FL

TITLE VTSD ☐ DELETE

NAME ~~FRIZZELL, BRENDA B~~
STREET ADDRESS 8789 SAN JOSE BLVD, SUITE 212
CITY-ST-ZIP JACKSONVILLE FL

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
1.3 STREET ADDRESS 11363 San Jose Blvd, Ste 301
1.4 CITY-ST-ZIP JAX, FL 32223

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 11363 San Jose Blvd Ste 301
2.4 CITY-ST-ZIP JAX, FL 32223

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-880-5560
Daytime Phone #

CR2E034 (11/98)