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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90093 046 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000012367

1. Corporation Name
SOFRITE TECHNOLOGY, INC.

Principal Place of Business
4679 TIFFANY WOODS CIRCLE
OVIEDO FL 32765

Mailing Address
4679 TIFFANY WOODS CIRCLE
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1993

4. FEI Number

59-3166823

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

2a. Mailing Address

21 3919 Greenock Ct

26 3919 Greenock Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Apopka FL

28 Apopka FL

Zip

Country

Zip

Country

24 32712

25

USA

29 32712

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, DENNIS E
4679 TIFFANY WOODS CIRCLE
OVIEDO FL 32765

81 Name

Johnson, Dennis E

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

3919 Greenock Ct

83

84 City

Apopka

FL

85 Zip Code

32712

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

☐ DELETE

TITLE P
NAME JOHNSON, DENNIS E
STREET ADDRESS 4679 TIFFANY WOODS CIRCLE
CITY-ST-ZIP OVIEDO FL

TITLE ST ☐ DELETE

NAME JOHNSON, FAY S
STREET ADDRESS 4679 TIFFANY WOODS CIRCLE
CITY-ST-ZIP OVIEDO 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

☒ Change ☐ Addition

1.1 TITLE P
1.2 NAME Johnson, Dennis E.
1.3 STREET ADDRESS 3919 Greenock Ct
1.4 CITY-ST-ZIP Apopka, FL 32712

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME Johnson, Fay S
2.3 STREET ADDRESS 3919 Greenock Ct
2.4 CITY-ST-ZIP Apopka, FL 32712

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: Fay S Johnson SECRETARY Dennis E Johnson TREASURER 4/15/99 (407) 814-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)