FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 17 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000027328 (2)**

1. Corporation Name
ONLINE BUSINESS TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
8057 PERTH DRIVE LARGO FL 34643	8057 PERTH DRIVE LARGO FL 34643

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/13/1993
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21 5055 29 Ave. N.
22 Suite, Apt. #, etc.
23 City & State: St. Petersburg FL
24 Zip: 33710
25 County: Pinellas

2a. Mailing Address
26 5055 29 Ave. N.
27 Suite, Apt. #, etc.
28 City & State: St Petersburg FL
29 Zip: 33710
30 County: Pinellas

4. FEI Number: 59-3177248 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PATTERSON, MIKEL D
8057 PERTH DR.
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name: PATTERSON, MIKEL D.
82 Street Address (P.O. Box Number is Not Acceptable): 5055 29 Ave N.
83
84 City: St Petersburg FL 85 Zip Code: 33710

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: Mikel D Patterson 3-1-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P T S D	☐ Change ☒ Addition
NAME	PATTERSON, MIKEL D	12 NAME	PATTERSON, MIKEL D	
STREET ADDRESS	5055 29 AVE. NORTH	13 STREET ADDRESS	5055 29 AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	14 CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	D	21 TITLE	RESIGNED	☒ Change ☐ Addition
NAME	LUMIA, KENNETH	22 NAME	LUMIA, KENNETH	
STREET ADDRESS	8057 PERTH DR.	23 STREET ADDRESS	8057 PERTH DR.	
CITY-ST-ZIP	LARGO FL 34643	24 CITY-ST-ZIP	LARGO, FL 34643	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Mikel D Patterson MIKEL D. PATTERSON 3-1-95 (813) 323-7441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E044 CP