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FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000052867 (7)

1. Corporation Name

SQUARE ONE INTERNATIONAL, INC.

Principal Place of Business

P O BOX 14430
PARRISH FL 34219
US

Mailing Address

POST OFFICE BOX 184
PARRISH FL 34219-0184
US



3. Date Incorporated or Qualified

07/26/1993

3a. Date of Last Report

07/11/1996

4. FEI Number

59-3022301

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

2. Principal Place of Business

2a. Mailing Address

21 6112 N. CENTRAL AVE
Suite, Apt. #, etc.

26 6112 N. CENTRAL AVE
Suite, Apt. #, etc.

22 City & State

27 City & State

23 TAMPA FL

28 TAMPA FL

24 Zip

25 Country

29 Zip

Country

33604

USA

33604

30

9. Name and Address of Current Registered Agent

HEITZMAN, THOMAS L.
10824 ERIE RD
STE. #180
PARRISH FL 34219

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Thomas J. Heitzman

THOMAS J. HEITZMAN

4-23-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GOEHRING, KEVIN S
STREET ADDRESS 10824 ERIE RD
CITY-ST-ZIP PARRISH FL

☒ DELETE

TITLE TV
NAME HENSLEY, HUGH R
STREET ADDRESS 2815 OLD BAYSHORE WAY
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE V
NAME BURGOS, PAUL
STREET ADDRESS 408 W AZEELE ST 504
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME HEITZMAN, THOMAS J.
1.3 STREET ADDRESS 10824 ERIE RD
1.4 CITY-ST-ZIP PARRISH FL 34219

☒ Change

☒ Addition

2.1 TITLE VP
2.2 NAME BURGOS, PAUL
2.3 STREET ADDRESS 1504 E. HENRY ST
2.4 CITY-ST-ZIP TAMPA FL 33610

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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.

SIGNATURE:

THOMAS J. HEITZMAN

4-23-99

Date

941-796-0501

Daytime Phone #

CR2E034 (9/96)