

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90167 001 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P93000059528**

1. Corporation Name  
**PREDATION, INC.**



Principal Place of Business  
**12085 RESEARCH DR.  
ALACHUA FL 32615  
US**

Mailing Address  
**12085 RESEARCH DR.  
ALACHUA FL 32615  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/20/1993**

4. FEI Number  
**59-3198339**

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 **4445 SW 35<sup>th</sup> Terrace**

2a. Mailing Address  
26 **4445 SW 35<sup>th</sup> Terrace**

Suite, Apt. #, etc.  
22 **Suite 310**

Suite, Apt. #, etc.  
27 **Suite 310**

City & State  
23 **Gainesville FL**

City & State  
28 **Gainesville FL**

Zip Country  
24 **32608 US**

Zip Country  
29 **32608 US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, JAMES H  
12035 RESEARCH DR.  
ALACHUA FL 32615**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4445 SW 35<sup>th</sup> Terrace**  
83 **Suite 310**  
84 City **Gainesville** FL 85 Zip Code **32608**

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

*James H White* **James H White Vice President** **4/27/99**

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 **VD** ☐ DELETE  
NAME **WHITE, JAMES H**  
STREET ADDRESS **12085 RESEARCH DR.**  
CITY-ST-ZIP **ALACHUA FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **4445 SW 35<sup>th</sup> Terrace, Suite 310**  
1.4 CITY-ST-ZIP **Gainesville FL 32608**

TITLE **PD** ☐ DELETE  
NAME **SUMMERS, WILLIAM A**  
STREET ADDRESS **3815 LINCOLN PLACE DR**  
CITY-ST-ZIP **DES DES MOINES IA**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **BENBROOK, CHARLES M**  
STREET ADDRESS **5085 UPPER PACK RIVER RD**  
CITY-ST-ZIP **SANDPOINT SD 58364**

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

TITLE **D** ☐ DELETE  
NAME **KERN, ALBERT D**  
STREET ADDRESS **320 BELLAIRE**  
CITY-ST-ZIP **DEL MAR CA 92014**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

*James H White* **James H White Vice President** **4/27/99** **352 371 6490**

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)