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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90125 030 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000073179

1. Corporation Name
ORTH.OS CORPORATION

Principal Place of Business

Mailing Address

~~877 EXECUTIVE CENTER DR W
SUITE 303
ST PETERSBURG FL 33702~~

~~877 EXECUTIVE CENTER DR W
SUITE 303
ST PETERSBURG FL 33702~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1993

4. FEI Number
59-3206726

Applied For
Not Applicable

2. Principal Place of Business

21 4600 140th AVENUE N.

2a. Mailing Address

26 4600 140th AVENUE N.

Suite, Apt. #, etc.

22 220

Suite, Apt. #, etc.

27 220

City & State

23 CLEARWATER, FL

City & State

28 CLEARWATER, FL

Zip

24 33762

Country

25 USA

Zip

29 33762

Country

30 USA

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

9. Name and Address of Current Registered Agent

MASCARA, ERNEST L
877 EXECUTIVE CENTER DR W
SUITE 303
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name EDGAR BUNCH CPA
82 Street Address (P.O. Box Number is Not Acceptable)
250 N. BELCHER ROAD
83 SUITE 100
84 City CLEARWATER, FL FL 85 Zip Code 33765

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]

[Signature]

4-14-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~DPST~~ D ☐ DELETE

NAME DURRETT, LEO
STREET ADDRESS 8600 15TH LANE NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE PRESIDENT, S.T. ☐ DELETE

NAME MICHAEL J. MARKS
STREET ADDRESS 2663 CRYSTAL CIRCLE
CITY-ST-ZIP DUNEDIN, FL 34698

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 D ☒ Change ☐ Addition

1.2 NAME DURRETT, LEO J.
1.3 STREET ADDRESS 8600 15TH LANE NORTH
1.4 CITY-ST-ZIP ST PETERSBURG FL

2.1 TITLE DPST ☐ Change ☒ Addition

2.2 NAME MICHAEL J. MARKS
2.3 STREET ADDRESS 2663 CRYSTAL CIRCLE
2.4 CITY-ST-ZIP DUNEDIN, FL 34698

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

Date

877-532-9896

Daytime Phone #

CR2E034 (11/98)