

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90007 032 ***558.75

DOCUMENT # P94000029110 ✓

1. Corporation Name
ITHINK, INC.

Principal Place of Business

505 AVE. A NW
SUITE 100
WINTER HAVEN FL 33881

Mailing Address

505 AVE. A NW
SUITE 100
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1994

4. FEI Number

59-3258727

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 WINTER HAVEN, FL

Suite, Apt. #, etc.

22 387 E. Central Ave

City & State

23 Winter Haven, FL

Zip

24 33880

Country

25 USA

2a. Mailing Address

26 387 E. Central Ave

Suite, Apt. #, etc.

27

City & State

28 Winter Haven, FL

Zip

29 33880

Country

30 USA

9. Name and Address of Current Registered Agent

LEEDY, INGRAM
505 AVE. A NW
SUITE 100
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name Ingram Leedy

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

83 387 E. Central Ave

84 Winter Haven

City

FL

85 Zip Code

33880

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

AUGUST 20, 1999

12. OFFICERS AND DIRECTORS

TITLE P/V ☐ DELETE

NAME LEEDY, INGRAM
STREET ADDRESS 505 AVE. A NW #100
CITY-ST-ZIP WINTER HAVEN FL

TITLE Treasurer ☐ DELETE

NAME Saffie Leedy Ellerman
STREET ADDRESS 387 E. Central Ave
CITY-ST-ZIP Winter Haven, FL 33880

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 387 E. Central Avenue
1.4 CITY-ST-ZIP Winter Haven, FL 33880

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Treasurer
2.3 STREET ADDRESS Saffie Leedy Ellerman
2.4 CITY-ST-ZIP 387 E. Central Ave
Winter Haven, FL 33880

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUGUST 20, 1999

Date

Daytime Phone #

CR2E034 (11/98)