

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**

09-10-1999 90001 002 \*\*\*550.00

DOCUMENT # **P94000059150**

Corporation Name

**G.I.S. TECHNOLOGY TRANSFER NETCORP, INC.**



Principal Place of Business

**01 E LONGBOAT BLVD  
TAMPA FL 33615**

Mailing Address

**POB 260235  
TAMPA FL 33685  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/10/1994**

Principal Place of Business

2a. Mailing Address

4. FEI Number

**59-3260823**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FATUZZO, JOSEPH A.  
5404 EAST LONGBOAT BLVD  
TAMPA FL 33615**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	2. NAME	1.1 TITLE	1.2 NAME
3. STREET ADDRESS	4. CITY-STATE-ZIP	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
5. TITLE	6. NAME	2.1 TITLE	2.2 NAME
7. STREET ADDRESS	8. CITY-STATE-ZIP	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
9. TITLE	10. NAME	3.1 TITLE	3.2 NAME
11. STREET ADDRESS	12. CITY-STATE-ZIP	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
13. TITLE	14. NAME	4.1 TITLE	4.2 NAME
15. STREET ADDRESS	16. CITY-STATE-ZIP	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
17. TITLE	18. NAME	5.1 TITLE	5.2 NAME
19. STREET ADDRESS	20. CITY-STATE-ZIP	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
21. TITLE	22. NAME	6.1 TITLE	6.2 NAME
23. STREET ADDRESS	24. CITY-STATE-ZIP	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP

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 in 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:

9/7/99

813-261-6714

CR2E034 (5/99)