

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
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90029 002 ***150.00

DOCUMENT # P94000060859

1. Corporation Name

FLORIDA INNOVATORS, INC.

Principal Place of Business

Mailing Address

12087X 82ndX StreetX
XXXXXX FLX 33773X

12087X 82ndX StreetX
XXXXXX FLX 33773X

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 12350 S. Belcher Rd.

2a. Mailing Address

26 12350 S. Belcher Rd

Suite, Apt. #, etc.

22 Building 5-A

Suite, Apt. #, etc.

27 Building 5-A

City & State

23 Largo, FL

City & State

28 Largo, FL

Zip

24 33773

Country

25 USA

Zip

29 33773

Country

30 USA

3. Date Incorporated or Qualified

08/15/1994

4. FEI Number

59-3259941

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

Ward, Don

5024 Gulfport Blvd, South

Gulfport, FL 33707

10. Name and Address of New Registered Agent

81 Name

William W. Deane

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

1597 62nd Avenue North

83

84 City

St. Petersburg

FL

85 Zip Code

33702

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

William W. Deane

04/09/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME MUILENBERG, Terry

STREET ADDRESS XXXXX XXXXX XXXXX

CITY-ST-ZIP XXXXX XXXXX XXXXX

TITLE DST ☐ DELETE

NAME HALSTEAD, Kenneth

STREET ADDRESS XXXXX XXXXX XXXXX

CITY-ST-ZIP XXXXX XXXXX XXXXX

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DP

MUILENBERG, Terry

12350 S. Belcher Rd, Bldg 5-A

Largo, FL 33773

DST

HALSTEAD, Kenneth

12350 S. Belcher Rd, Bldg 5_A

Largo, FL 33773

XXX

Change

☐ Addition

XXX

Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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:

Terry Muilenberg TERRY MUILENBERG

30 Apr 99

727 530 2093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)