

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 10, 1999 8:00 am
Secretary of State

05-10-1999 90088 029 ***150.00

DOCUMENT # P94000078542

1. Corporation Name

INGRAM INGENUITIES, INC.

Principal Place of Business

1712 LAKEWOOD LOOP
BRANDON FL 33510-2224

Mailing Address

1712 LAKEWOOD LOOP
BRANDON FL 33510-2224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1994

4. FEI Number

59-3284238

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 12349 JESS WALDEN ROAD

Suite, Apt. #, etc.

2a. Mailing Address

26 12349 JESS WALDEN ROAD

Suite, Apt. #, etc.

City & State

23 DOVER, FL

Zip Country

24 33527 25

City & State

28 DOVER, FL

Zip Country

29 33527 30

9. Name and Address of Current Registered Agent

INGRAM, THOMAS L
1712 LAKEWOOD LOOP
BRANDON FL 33510-2224

10. Name and Address of New Registered Agent

81 Name

INGRAM, THOMAS L

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

12349 JESS WALDEN ROAD

83

84

City

DOVER

FL

85 Zip Code

33527

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME INGRAM, THOMAS L
STREET ADDRESS 1712 LAKEWOOD LOOP
CITY-ST-ZIP BRANDON FL 33510-2224

TITLE ☐ DELETE

D
NAME INGRAM, DEBORAH J
STREET ADDRESS 1712 LAKEWOOD LOOP
CITY-ST-ZIP BRANDON FL 33510-2224

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

D

INGRAM, THOMAS L

12349 JESS WALDEN ROAD

DOVER, FL 33527

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D

INGRAM, DEBORAH J

12349 JESS WALDEN ROAD

DOVER, FL 33527

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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: Deborah J. Ingram DEBORAH J. INGRAM 4/30/99 (727) 571-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

0375595