

SECOND 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

DOCUMENT # **P94000081254** ✓
1. Corporation Name

MICROLYNX, INC.

Principal Place of Business

~~741 AIRPORT ROAD~~
PANAMA CITY FL 32405

Mailing Address

~~741 AIRPORT ROAD~~
PANAMA CITY FL 32405

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

09-01-1999 90021 012 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1994

4. FEI Number

59-3281856

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. ☐ Yes ☒ No

2. Principal Place of Business

21 726 N. 9TH ST.

Suite, Apt. #, etc.

22

City & State

23 PANAMA CITY, FL

Zip

24 32404

Country

25

2a. Mailing Address

26 P.O. BOX 15607

Suite, Apt. #, etc.

27

City & State

28 PANAMA CITY, FL

Zip

29 32406

Country

30

9. Name and Address of Current Registered Agent

SPENCER, REX
741 AIRPORT ROAD
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name

CINDY WORKMAN

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

726 N. 9TH ST.

83

84 City

PANAMA CITY

FL

85 Zip Code

32404

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 **CINDY WORKMAN**

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

CINDY WORKMAN

(NOTE: Registered Agent signature required when reinstating)

8/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME

WORKMAN, CINDY

STREET ADDRESS

741 AIRPORT ROAD

CITY-ST-ZIP

PANAMA CITY FL 32405

TITLE **V** ☐ DELETE

NAME

WORKMAN, BRAD

STREET ADDRESS

741 AIRPORT ROAD

CITY-ST-ZIP

PANAMA CITY FL 32405

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRES.** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

726 N. 9TH ST.

PANAMA CITY, FL 32404

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

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.

SIGNATURE: **CINDY WORKMAN** **8/30/99**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-874-8884

CR2E034 (5/99)