Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90068 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POACOCOSOTOS

1. Corporation	T TECHNOLOGIES DESTIN,				
Principal Place	e of Business	Mailing Address		- I IRONADA (IN IBAN KIRIN OBIN ORIN ODNI ABIN	{
707 HWY 98. E		707 HWY 98. E			
SUITE H		SUITE H			
DESTIN FL 32541 DESTIN FL 32541			DO NOT WRITE IN THIS	S SPACE	
US		US		3. Date Incorporated or Qualifed 11/14/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3277314	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27		J. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 3	Country 30	8. This corporation owes the current year in Personal Property Tax.	ntangible □ Yes ☑No
	9. Name and Address of Current			10. Name and Address of New Registered	l Agent
81 Name					
HOLMES, LINDA			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
300 W. HIGHWAY 98			On corridan	coo (* .o. pox riambor la riot / loopiable)	,
DES	TIN FL 32541		83		
l i			84 City		85 Zip Code
			Gity	FI	_ Zip code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				oration submits this statement for the purpose on's board of directors. I hereby accept the appo	f changing its registered intment as registered
SIGNATURE					- <u></u>
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature required 13.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITUE	P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	HOLMES, LINDA	ــــــــــــــــــــــــــــــــــــــ	1.2 NAME		
STREET ADDRESS	3797 MISTY WAY		1.3 STREET ADDRESS		
	DESTIN FL		1.4 CITY-ST-ZIP)
CITY-ST-ZIP TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	HOLMES, LINDA	*********	2.2 NAME		
STREET ADDRESS	46 COURT DRIVE		2.3 STREET ADDRESS		
	DESTIN FL 32541				}
CITY-ST-ZIP TITLE	V	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME	DYESS, WILLIAM W I		3.2 NAME		
STREET ADDRESS	563 POCAHONTAS		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS)
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DEL E TE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		ŀ
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME)
STREET ADDRESS			6.3 STREET ADDRESS		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP