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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000009802 (6)

1. Corporation Name

TOUCH-N-GO INC.



Principal Place of Business

1162 VIKING DRIVE
PORT ORANGE FL 32119

Mailing Address

1162 VIKING DRIVE
PORT ORANGE FL 32119-3804

3. Date Incorporated or Qualified

02/01/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 236 Pine Cone Trail

Suite, Apt. #, etc.

22 City & State

23 Ormond Bch, Fl.

Zip

24 32174

Country

25 USA

2a. Mailing Address

26 236 Pine Cone Trail

Suite, Apt. #, etc.

27 City & State

28 Ormond Bch, Fl.

Zip

29 32174

Country

30 USA

4. FEI Number

59-3283020

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

PEARSON, MARK S
1162 VIKING DRIVE
PORT ORANGE FL 32119

10. Name and Address of New Registered Agent

81 Name

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

236 Pine Cone Trail

83

Ormond Bch, Fl.

84 City

FL

85 Zip Code
32174

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 agent or registered agent, 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 *X Mark Pearson*

Signature typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-97

12. OFFICERS AND DIRECTORS

TITLE PVS ☐ DELETE
NAME MARK S PEARSON
STREET ADDRESS 1162 VIKING DR
CITY-ST-ZIP PT. ORANGE FL

TITLE T ☐ DELETE
NAME LESLIE M. PEARSON
STREET ADDRESS 1162 VIKING DR.
CITY-ST-ZIP PT ORANGE FL

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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 236 Pine Cone Trail
1.4 CITY-ST-ZIP Ormond Bch, Fl. 32174

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 236 Pine Cone Trail
2.4 CITY-ST-ZIP Ormond Bch, Fl. 32174

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 6 Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Mark S Pearson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-30-97 8904-831-4577

Date

Daytime Phone #

002264

CR2E034 (9/96)