

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**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90097 015 \*\*\*150.00

DOCUMENT # **P95000014703**

1. Corporation Name

**FIREBLOCK INTERNATIONAL, INC.**

Principal Place of Business

**1107 N. THOMAS ROAD  
LEESBURG FL 34748  
US**

Mailing Address

**% ROBERT R. CYRUS  
P.O. BOX 491635  
LEESBURG FL 34749-1635  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/15/1995**

4. FEI Number

**59-3300516**

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 1201 Thomas Avenue**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

**23 Leesburg, FL**

27 City & State

**28**

24 Zip Country

**34748**

29 Zip Country

**30**

9. Name and Address of Current Registered Agent

**CYRUS, ROBERT R  
214-A NORTH THIRD STREET  
LEESBURG FL 34748**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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 **DP** ☐ DELETE  
NAME **DEPAZ, DOMINIQUE**  
STREET ADDRESS **1606 FAHNSTOCK STREET**  
CITY-ST-ZIP **EUSTIS FL**

TITLE **DVP** ☐ DELETE  
NAME **GERBER, RICHARD W.**  
STREET ADDRESS **1107 N. THOMAS ROAD**  
CITY-ST-ZIP **LEESBURG FL**

TITLE **DS** ☐ DELETE  
NAME **COLEMAN, CLELL III**  
STREET ADDRESS **1107 N. THOMAS ROAD**  
CITY-ST-ZIP **LEESBURG FL**

TITLE **DT** ☐ DELETE  
NAME **PETERSON, WILLIAM**  
STREET ADDRESS **1107 N. THOMAS ROAD**  
CITY-ST-ZIP **LEESBURG FL**

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  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **1201 Thomas Avenue**  
2.4 CITY-ST-ZIP **Leesburg, FL 34748**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **1201 Thomas Avenue**  
3.4 CITY-ST-ZIP **Leesburg, FL 34748**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **1201 Thomas Avenue**  
4.4 CITY-ST-ZIP **Leesburg, FL 34748**

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 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/99**

352/787-3622

Date

Daytime Phone #

CR2E034 (11/98)