

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  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90117 021 \*\*\*150.00

03-29-1999 90117 022 \*\*\*\*\*8.75

DOCUMENT # P95000039168

1. Corporation Name

INITIAL CHOICE, INC.

Principal Place of Business

INITIAL CHOICE INC  
11267 RIVER MOORINGS RD  
JACKSONVILLE FL 32225-1522  
US

Mailing Address

INITIAL CHOICE INC  
P O BOX 350297  
JACKSONVILLE FL 32235-0297  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1995

4. FEI Number

59-3315817

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 3807 Turkey Oak Dr.

2a. Mailing Address

26 3807 Turkey Oak Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Valrico, FL USA

City & State

28 Valrico, FL

Country

Country

24 33594

25

29 33594

30

USA

9. Name and Address of Current Registered Agent

SIGMAN, JUDITH L  
11267 RIVER MOORINGS RD  
JACKSONVILLE FL 32225-1522

10. Name and Address of New Registered Agent

81 Name

Sheri L. Ordway

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

3807 Turkey Oak Dr.

83

84 City

Valrico

FL

85 Zip Code

33594

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 X Sheri L. Ordway

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/99

12.

OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SIGMAN, JUDITH L	
STREET ADDRESS	11267 RIVER MOORINGS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	Ordway, Sheri L.	<input type="checkbox"/> DELETE
NAME	3807 Turkey Oak Dr. Pres.	
STREET ADDRESS	Valrico, FL 33594	
CITY-ST-ZIP		
TITLE	Sigman, Judith L.	<input type="checkbox"/> DELETE
NAME	11267 River Moorings Rd. V.P.	
STREET ADDRESS	Jacksonville, FL 32225-1522	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: X Sheri L. Ordway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99 813-684-7793

Date

Daytime Phone #

0047018

CR2E034 (1/1/98)