

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Oct 07 1998 8:00am  
Secretary of State

DOCUMENT # P95000048660 (1)  
1. Corporation Name

IDEA GENERATION INC.



Principal Place of Business

RT 1 BOX 241  
TRENTON FL 32693

Mailing Address

RT 1 BOX 241  
TRENTON FL 32693

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1995

4. FEI Number

59-3360662

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 or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

21 8369 SW CR 313

Suite, Apt. #, etc.

22 City & State

23 Trenton, FL

Zip

24 32693 25 USA

2a. Mailing Address

26 8369 SW CR 313

Suite, Apt. #, etc.

27 City & State

28 Trenton, FL

Zip

29 32693 30 USA

9. Name and Address of Current Registered Agent

BEVERLY, PHIL C JR.  
912 NE 2 ST  
GAINESVILLE FL 32601

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	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSE, ANNA M	
STREET ADDRESS	RT 2 BOX 203A8	
CITY-STATE-ZIP	TRENTON FL 32693	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HART, JAMIE	
STREET ADDRESS	1508 PRAIRIE LAKE BLVD	
CITY-STATE-ZIP	OCFEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	S. Trinity	
1.3 STREET ADDRESS	8369 SW CR 313	
1.4 CITY-STATE-ZIP	Trenton, FL 32693	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Paula Everett	
2.3 STREET ADDRESS	8369 SW CR 313	
2.4 CITY-STATE-ZIP	Trenton, FL 32693	
3.1 TITLE	Secretary / Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Infinite Romano	
3.3 STREET ADDRESS	8369 SW CR 313	
3.4 CITY-STATE-ZIP	Trenton, FL 32693	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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

*[Signature]*

9-28-98

CR2E034 (5/98)