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

DOCUMENT # P95000049927 1. Corporation Name

FLANNEL SOFTWARE INC.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90087 025 ***150.00



Principal Place of Business Mailing Address							AIAIA IAIIR IBIIA I	9 0 0
11528 THOUSAND OAKS DRIVE PENSACOLA FL 32514			11528 THOUSAND OAKS DRIVE					
		PENSACOLA FL 32514			DO NOT WRITE IN THIS SPACE			
					-	3. Date Incorporated or Qualifed		
,					1	06/23/1995		
2. Principal P	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26				59-3327893		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	├			5. Certificate of Status Desired	\$8.75 A Fee Re	L.
22 St. 8 State		City 8 State	City & State			S State C series Single		
City & State		28				6. Election Campaign Financing Trust Fund Contribution	Added t	May_Be
Zip	Country	Zip Country			8. This corporation owes the current year In			
24	25		30			Personal Property Tax.	ŬYes _	□No
	9. Name and Address of Currer	t Registered Agent	81	·		10. Name and Address of New Registered	l Agent	
WOLFE LADDY				N	Name			
WOLFE, LARRY 200-A JOHN KNOX ROAD			82	l s	Street Addres	ess (P.O. Box Number is Not Acceptable)		
	AHASSE FL 32303-6643			╙				
17166	THINODE TE DEDGO DOTO		83					
			84	- C	City	F!	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				<u> </u>	amad comer	rotics cubmits this statement for the ourness of	of changing its	registered
office or r	egistered agent or both in the State	of Florida, Such change was aut	honzed by	the	corporation	i's board of directors. I hereby accept the appe	ointment as re	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes	3.				-
SIGNATURE	Signature, typed or printed name of registered age	ot and title if spolicable (NOTE: F	Registered Age	nt sic	gnature required w	when reinstating) DATE		····
12.		ID DIRECTORS	13.	0.9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	V □ DELETE 1.1 To		1.1 TITLE		,		☐ Change	Addition
NAME	SANCTUARY, RONALD P		1.2 NAME		}	<u>_</u>		ľ
STREET ADDRESS	11526 THOUSAND OAKS DRIV	E	1,3 STREE	TAD	ORESS			
CITY-ST-ZIP	PENSACOLA FL 32514		1,4 CITY-S	T-ZII	Р			
TILE	· · · · · · · · · · · · · · · · · · ·		2.1 TITLE				Change	☐ Addition
NAME	CORBIN, JAMES W		2.2 NAME					
STREET ADDRESS	11528 THOUSAND OAKS DRIV	E	2.3 STREE	TAD	ORESS			
CITY-ST-ZIP	PENSACOLA FL 32514		2, 4 CITY-	ST-Z	JP .			- Addition
TITLE	_		3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME			· · · · · · · · · · · · · · · · ·		
STREET ADDRESS			3.3 STREE					,
CITY-ST-ZIP			3.4. CITY-5 4.1 TITLE	ST-ZI	<u> </u>		☐ Change	☐ Addition
TITLE	, —		4.1 IIILE					
NAME					onere !		,	1
STREET ADDRESS	,		4.3 STRE		ĺ			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		<u>-</u>		☐ Change	Addition
NAME			5.2 NAME				J -	_
STREET ADDRESS			5.3 STREE	TADO	ORESS			į
CITY-ST-ZIP			5.4 CITY-S	T-ZIF	Р (ĺ
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					1
			6.3 STREE	TADE	DRESS			
					l			

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 addless, with all other like empowered.