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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90001 010 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000054362

1. Corporation Name

~~OUTDOOR RESORTS, INC.~~
INTELLIWORXX, INC.

Principal Place of Business
1509 SOUTH FLORIDA AVENUE
SUITE 2
LAKELAND FL 33803

Mailing Address
1509 SOUTH FLORIDA AVENUE
SUITE 2
LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1995

4. FEI Number

59-3336148

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 1819 Main Street

Suite, Apt. #, etc.

22 Suite 1101

City & State

23 Sarasota, FL

Zip

24 34236

Country

25 USA

2a. Mailing Address

26 1819 Main Street

Suite, Apt. #, etc.

27 Suite 1101

City & State

28 Sarasota, FL

Zip

29 34236

Country

30 USA

9. Name and Address of Current Registered Agent

MASTROPIETRO, DONALD R
1509 SOUTH FLORIDA AVENUE
SUITE 2
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name

Christopher J. Floyd

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

1819 Main Street

83

Suite 1101

84 City

Sarasota

FL

85 Zip Code

34236

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

Christopher J. Floyd

(NOTE: Registered Agent signature required when reinstating)

1/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PDS ☒ DELETE

NAME DONALD R. MASTROPIETRO

STREET ADDRESS 1509 SOUTH FLORIDA AVENUE, STE. 2

CITY-ST-ZIP LAKELAND FL 33803

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CP ☐ Change ☒ Addition

1.2 NAME Kevin B. Rogers

1.3 STREET ADDRESS 1819 Main Street, Suite 1101

1.4 CITY-ST-ZIP Sarasota, FL 34236

2.1 TITLE VD ☐ Change ☒ Addition

2.2 NAME Michael P. Jonas

2.3 STREET ADDRESS 1819 Main Street, Suite 1101

2.4 CITY-ST-ZIP Sarasota, FL 34236

3.1 TITLE VTD ☐ Change ☒ Addition

3.2 NAME Christopher J. Floyd

3.3 STREET ADDRESS 1819 Main Street, Suite 1101

3.4 CITY-ST-ZIP Sarasota, FL 34236

4.1 TITLE VSD ☐ Change ☒ Addition

4.2 NAME Donald H. Pound, Jr.

4.3 STREET ADDRESS 1819 Main Street, Suite 1101

4.4 CITY-ST-ZIP Sarasota, FL 34236

5.1 TITLE VD ☐ Change ☒ Addition

5.2 NAME Vincent D. Reynolds

5.3 STREET ADDRESS 1819 Main Street, Suite 1101

5.4 CITY-ST-ZIP Sarasota, FL 34236

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME Ian N. Whitehead

6.3 STREET ADDRESS 1819 Main Street, Suite 1101

6.4 CITY-ST-ZIP Sarasota, FL 34236

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, typed or printed name of signing officer or director

Christopher J. Floyd, VP

1/13/99

(941) 365-7790

Date

Daytime Phone #

CR2E034 (1/98)