


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000064695 (6)**

1. Corporation Name

**XL-INT PERCEPTIONS, INC.**

Principal Place of Business

**4419 BAYSHORE BLVD NE  
ST PETERSBURG FL 33703**

Mailing Address

**4419 BAYSHORE BLVD NE  
ST PETERSBURG FL 33703-5520**

3. Date Incorporated or Qualified

**06/22/1995**

3a. Date of Last Report

**07/18/1996**

2. Principal Place of Business

2a. Mailing Address

21 **1533 Eden Isle Blvd NE**

26 **Same**

4. FEI Number

**59-3338785**

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**CARLOCK, JAMES W  
4419 BAYSHORE BLVD NE  
ST PETERSBURG FL 33703**

10. Name and Address of New Registered Agent

81 Name

**James W. Carlock**

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

**1533 Eden Isle Blvd NE**

83

**Suite 162**

84 City

**St Petersburg**

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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

*James W. Carlock*

(NOTE: Registered Agent signature required when reinstating)

**4/25/97**

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CEO**  
STREET ADDRESS **CARLOCK, JAMES W**  
CITY- ST- ZIP **4419 BAYSHORE BLVD NE  
ST PETERSBURG FL 33703**

TITLE ☐ DELETE

NAME **T**  
STREET ADDRESS **HARTLEY, JOHN P**  
CITY- ST- ZIP **5353 68TH STREET NORTH  
ST PETERSBURG FL 33709**

TITLE ☐ DELETE

NAME **VP**  
STREET ADDRESS **HARTLEY, KATE**  
CITY- ST- ZIP **5353-68TH STREET NORTH  
ST PETERSBURG FL 33709**

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 ☐ 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

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

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

**400002182194**  
**-05/19/97--01004--030**  
**\*\*\*165.00**

14. I do 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:

*James W. Carlock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/97**

**(813) 898-6221**

CR2E034 (9/96)