PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000083748

1. Corporation Name

THE LYDIAN CORPORATION

| rincipal Place of Business | Mailing Address | | | | | |
|---|---|--|--|--|--|--|
| 426 SHELL FLOWER DRIVE RANDON FL 33511 | 1426 SHELL FLOWER DRIVE BRANDON FL 33511 | | | | | |
| | | | | | | |
| | | | | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | | | |
| | 2a. Mailing Address 26 | | | | | |
| | <u>⊢</u> | | | | | |
| Suite, Apt. #, etc. | 26 | | | | | |
| Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | | | | | |
| Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | | | | | |

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90110 004 ***150.00



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|---|--|-----------------------|------------------|--------------------------------|--------------------|----------------------------|---|---------------------------|--------------------------|
| Principal Place | e of Business | Mailing Address | | | | | | | |
| 1426 SHELL FLOWER DRIVE 1426 SHELL FLOWER DRIVE | | | | | | 1. | | | |
| BRANDON FL 33511 BRANDON FL 33511 | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | | 3. Date Incorporated or Qualifed | · · · | |
| | , | | | | | | 11/01/1995 | | |
| 2 Principal D | lace of Business | 2a. Mailing Addre | | | | - | 4. FEI Number | Apr | lied For |
| 2. Frincipal F | lace of business | 26 | 00 | | | | 65-0624080 | | Applicable |
| Suite, Apt. | # etc. | Suite, Apt. #, | etc. | | | | _ 9 | 8.75 A | dditional |
| 22 | ,, , , , , , , , , , , , , , , , , , , | 27 | | | | | 5. Certificate of Status Desired | Fee Red | quired |
| City & Stat | e | City & State | | | | | 6. Election Campaign Financing | \$5.00 + | May Be |
| 23 | • | 28 | | • | | | Trust Fund Contribution | Added to | Fees |
| Zip | Country | Zip | Cc | untry | / | | 8. This corporation owes the current year Intangi | | _ ^0 |
| 24 | 25 29 30 | | | | | | No. | | |
| | 9. Name and Address of Current | Registered Agent | | ļ., | r | | 10. Name and Address of New Registered Age | <u>nt</u> | |
| 140 | OCNO III I | | | 81 | Na | me | | | |
| | RENO, JILL | | | 82 | Str | eet Addre | ess (P.O. Box Number is Not Acceptable) | | |
| | S SHELL FLOWER DRIVE | | | L | | | | | |
| BHA | NDON FL 33511 | | | 83 | 1 | | 72 | | 1 |
| | | | | 84 | Cit | У | 8 | 5 Zip C | ode |
| | | | | <u>l</u> . | | | FL | | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florid | a Statutes, the | abov | e-nar | ned corpo | oration submits this statement for the purpose of chain's board of directors. I hereby accept the appointment | nging its i ent as reg | registered (listered |
| agent. I a | m familiar with, and accept the obligation | ons of, Section 607.0 | 505, Florida Sta | tutes | s. | , ролино | | _ | · |
| SIGNATURE | | | | | | | | | ĺ |
| | Signature, typed or printed name of registered agent | | | | nt signa | ture required | when reinstating) DATE | IDECTO | DC IN 12 |
| 12. | | S AND DIRECTORS 13. | | | | 1 | ADDITIONS/CHANGES TO OFFICERS AND D | Change | Addition |
| TITLE | P Moreno, James W. | | | 1.1 TITLE | | | | g- | |
| NAME | I | | | 1.2 NAME | | SEE | | | |
| STREET ADDRESS | 1426 SHELL FLOWER DRIVE | | | 1.3 STREET ADDRESS | | (COO | | | |
| CITY-ST-ZIP | | | | 1.4 CITY-ST-ZIP | | | · E | Change | ☐ Addition |
| TITLE | "" | <u> </u> | | | | | ` | | - } |
| NAME | mortero, sice s. | | | 2.2 NAME 2.3 STREET ADDRESS | | | | | |
| STREET ADDRESS | V 125 511222 V 22 V 21 V 21 V 21 V 21 V | | | | | | | | 1 |
| CITY-ST-ZIP TITLE | | | 2.4 CITY-ST-ZIP | | + - | | Change | Addition | |
| | | - V- | | NAME | | | | • | |
| NAME | | | | | T ADDF | eess | | | |
| STREET ADDRESS | | | | 3.4. CITY- | | -33 | | | ļ |
| CITY-ST-ZIP TITLE | | □ DE | | TITLE | ∪1-ZIF | - | | Change | Addition |
| NAME | | | | 4. 2 NAME | | 1 | | - | ĺ |
| | | | | | T ADOF | RESS | | | |
| STREET ADDRESS | | | | | : 1 ADOI ST-ZIP | | | | } |
| CITY-ST-ZIP TITLE | - | □ DE | ELETE 5.1 TITL | | <u>- 211</u> | - | , | Change | Addition |
| NAME | | | | NAME | | | | · | ļ |
| STREET ADDRESS | | | 5.3 | STREE | TADDE | RESS | • | | ļ |
| CITY-ST-ZIP | | | | | ST-ZIP | | | | |
| TITLE | | ☐ DE | LETE 6.1 | TITLE | | | | Change | Addition |
| NAME | | | | NAME | | | • | * | |
| | | | | | | | | | |

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS