

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90285 046 ***150.00

DOCUMENT # P95000090000

1. Corporation Name

MANAGEMENT AND REPORT TECHNOLOGIES, INC.

Principal Place of Business

2650 HANSON STREET
FT. MYERS FL 33901
US

Mailing Address

2650 HANSON ST.
FORT MYERS FL 33901
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

4. FEI Number

65-0633515

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

Stephen Childs

82

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

2650 Hanson Street

83

84

City

Ft. Myers

FL

85

Zip Code

33901

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. Stephen Childs, President

(NOTE: Registered Agent signature required when reinstating)

4/21/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME CHILDS, STEPHEN
STREET ADDRESS 2650 HANSON ST.
CITY-ST-ZIP FORT MYERS FL

TITLE D ☐ DELETE
NAME CHILDS-HOOVER, MARTHA R
STREET ADDRESS 2650 HANSON ST.
CITY-ST-ZIP FORT MYERS FL

TITLE D ☐ DELETE
NAME HOOVER, PAUL
STREET ADDRESS 2650 HANSON ST.
CITY-ST-ZIP FORT MYERS FL

TITLE D ☐ DELETE
NAME HENDRICKS, JOHN
STREET ADDRESS 2650 HANSON STREET
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen Childs

4/21/99
Date

941-334-2828
Daytime Phone #

CR2E034 (11/98)