

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 # P95000091175

1. Corporation Name
GEOBALL, INC.

Principal Place of Business
2100 - 12TH STREET N.
ST. PETERSBURG FL 33704

Mailing Address
P.O. BOX 1496
ST PETERSBURG FL 33731

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90078 017 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/30/1995

4. FEI Number
59-3347667

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

9. Name and Address of Current Registered Agent

NORRIS, HENRY
2100 - 12TH STREET N.
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

81 Name JAMES POEHLMAN
82 Street Address (P.O. Box Number is Not Acceptable)
935 21ST AVE N
83 ST. PETERSBURG
84 City FL 85 Zip Code 33704

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

28 APR 99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NORRIS, HENRY
STREET ADDRESS 2100 - 12TH STREET N.
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE VD
NAME POEHLMAN, JAMES
STREET ADDRESS 2100 - 12TH STREET N.
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE VD
2.2 NAME POEHLMAN, JAMES
2.3 STREET ADDRESS 935 21ST AVE N.
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33704

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

Date

Daytime Phone #

28 APR 99 927-895-4224

CR2E034 (11/98)