

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

FILED  
Jul 30, 1999 8:00 am  
Secretary of State

07-30-1999 90010 015 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000003870 (8)

1. Corporation Name

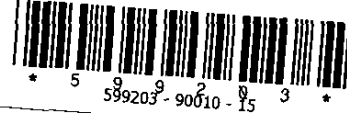
InterSyte, Inc.

Principal Place of Business

15620 Indian Queen Dr  
Odessa, FL 33556

Mailing Address

% Walter Sanders  
13910 N. Dale Mabry #1  
Tampa, FL 33618



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/96

4. FEI Number

59-3352862

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 5016 Gunn Hwy

Suite, Apt. #, etc.

2a. Mailing Address

26 5016 Gunn Hwy

Suite, Apt. #, etc.

City & State

23 Tampa FL

Zip Country

24 33624 25 US

City & State

27 Tampa FL

Zip Country

28 33624 29 30 US

9. Name and Address of Current Registered Agent

Sanders, Walter  
13910 N. Dale Mabry Hwy  
Suite One  
Tampa, FL 33618

10. Name and Address of New Registered Agent

81 Name Christian Hargreaves

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

5016 Gunn Hwy

83

84 City Tampa

FL

85 Zip Code 33624

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 re-registering)

DATE

Christian Hargreaves

7/20/99

12. OFFICERS AND DIRECTORS

TITLE P/D/C  
NAME Christian Hargreaves  
STREET ADDRESS 15620 Indian Queen Dr  
CITY-ST-ZIP Odessa FL 33556

☐ DELETE

TITLE V/T/D  
NAME Hewitt, Frank  
STREET ADDRESS 11401 9th St Apt 416  
CITY-ST-ZIP St. Petersburg FL 33716

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

2.1 TITLE V/T/D  
2.2 NAME Hewitt, Frank S.  
2.3 STREET ADDRESS 8130 Colonial Village Dr #205  
2.4 CITY-ST-ZIP Tampa FL 33625

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

Christian Hargreaves

7/20/99

813 269 9294

Date

Daytime Phone #

CR2E034 (11/98)

**InterSyte, Inc.**

5016 Gunn Hwy  
Tampa, FL 33624  
(813)269-9294

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599203-90010-15

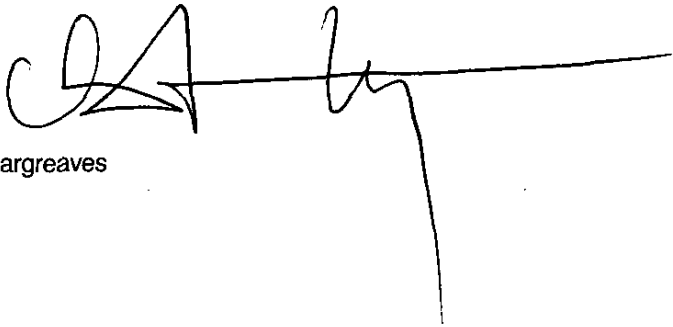
July 21, 1999

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear :

Attached you will find our Annual Reporting filing for 1999 along with a check for the filing fee of \$150.00. In talking with a representative of your office I was instructed to only pay the \$150.00 since we never received the form this year. Please contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to be 'CH', with a long horizontal line extending to the right and a vertical line extending downwards from the end of the horizontal line.

Christian Hargreaves  
President