

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000005864 (9)**

1. Corporation Name

FLIP IT CORPORATION, INC.



Principal Place of Business 7731 MANASSAS CT. W. JACKSONVILLE FL 32277 US	Mailing Address P.O. BOX 11454 JACKSONVILLE FL 32239
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/17/1996	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-3388274	Applied For ☐ Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**CASTEEL, JAMES E
1450 SUNOWA SPRINGS TRAIL
BRYCEVILLE FL 32009**

10. Name and Address of New Registered Agent

81 Name SESONA, AL
82 Street Address (P.O. Box Number is Not Acceptable) 7731 Manassas Court, West
83
84 City Jacksonville
85 Zip Code FL 32277

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 **AL SESONA** *[Signature]* **24 Apr 98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPC	☐ DELETE	1.1 TITLE S	☐ Change ☒ Addition
NAME SESONA, AL		1.2 NAME HILTBRUNNER, DORRACE A	
STREET ADDRESS 7731 MANASSAS COURT, WEST		1.3 STREET ADDRESS 250 Watson Road	
CITY-ST-ZIP JACKSONVILLE FL 32277		1.4 CITY-ST-ZIP St. Augustine, FL 32086	
TITLE DV	☒ DELETE	2.1 TITLE AVERY, HENRY	
NAME CASTEEL, JAMES E		2.2 NAME 2506 St. Michel Court	
STREET ADDRESS RT. 2 BOX 1450		2.3 STREET ADDRESS Ponte Vedra Beach, FL 32082	
CITY-ST-ZIP BRYCEVILLE FL 32009		2.4 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE D	☐ DELETE	3.1 TITLE D	
NAME BLANCO, ERNESTO		3.2 NAME SERVIDORI, PHILLIP	
STREET ADDRESS 38 SANDRICK ROAD		3.3 STREET ADDRESS 235A Commonwealth Ave	
CITY-ST-ZIP BELMONT MA 02176		3.4 CITY-ST-ZIP Newton, MASS 02167	☐ Change ☒ Addition
TITLE D	☐ DELETE	4.1 TITLE D	
NAME LUTZ, AL		4.2 NAME KANTOR, STEVEN	
STREET ADDRESS 4815 IROQUOIS AVE.		4.3 STREET ADDRESS 1774 County Line Road	
CITY-ST-ZIP JACKSONVILLE FL 32210		4.4 CITY-ST-ZIP Barto, PA 19504	☐ Change ☐ Addition
TITLE SV	☒ DELETE	5.1 TITLE	
NAME GUERRA, TRAVIS		5.2 NAME	
STREET ADDRESS 8887 IVYMILL CT.		5.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32244		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D	☐ DELETE	6.1 TITLE	
NAME HARTMAN, SHIRLEY		6.2 NAME	
STREET ADDRESS 4988 MEGANWOOD LN.		6.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32257		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.

[Signature] **24 Apr 98**

R2E034 (10/97)