

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90170 013 ***150.00

DOCUMENT # P96000005864

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1996

4. FEI Number

59-3388274

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SESONA, A
7731 MANASSAS CT, W
JAX FL 32777

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILTBRUNNER, D A	1.2 NAME	SESONA, AL
STREET ADDRESS	250 WATSON RD	1.3 STREET ADDRESS	7731 Manassas Court West
CITY-ST-ZIP	ST AUGUS TI 32086	1.4 CITY-ST-ZIP	Jacksonville, FL 32277
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVERY, H	2.2 NAME	KANTOR, STEVEN
STREET ADDRESS	2506 ST MICHEL CT	2.3 STREET ADDRESS	1774 County Line Road
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	2.4 CITY-ST-ZIP	Barto, PA 19504
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	DM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLANCO, ERNESTO	3.2 NAME	HIGGINS, GEORGE
STREET ADDRESS	36 SANDRICK ROAD	3.3 STREET ADDRESS	512 Southwood Road
CITY-ST-ZIP	BELMONT MA 02176	3.4 CITY-ST-ZIP	Hockessin, Delaware
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTZ, AL	4.2 NAME	
STREET ADDRESS	4815 IROQUOIS AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERVIDORI, P	5.2 NAME	
STREET ADDRESS	235A COMMONWEALTH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTON MA 02167	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, SHIRLEY	6.2 NAME	
STREET ADDRESS	4968 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, on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED**

2-10-99

(904) 794-0080

Date

Daytime Phone #

CR2E034 (11/98)