

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 # P96000009593

1. Corporation Name

ENDUROTECH OF NORTHWEST FLORIDA, INC.

Principal Place of Business

3040 GULF BREEZE PKWY.
GULF BREEZE FL 32561

Mailing Address

3040 GULF BREEZE PKWY.
GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1996

4. FEI Number

59-3361207

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 3056 Gulf Breeze Pkwy

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Gulf Breeze FL

City & State

28

Zip

Country

Zip

Country

24 32561

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MURDOGH, DAVE-~~
~~2902 WESTFIELD RD-~~
~~GULF BREEZE FL 32561-~~

81 Name

Tim BAUGHN

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

83 3056 Gulf Breeze Pkwy.

84 City

GULF BREEZE

85 FL

Zip Code

32561

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

Tim Baughn

Tim BAUGHN

3/4/99

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 P ☐ DELETE

NAME BAUGHN, TIMOTHY
STREET ADDRESS 3888 CAPTAINS CT
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE V ☐ DELETE

NAME BAUGHN, ANTHONY L
STREET ADDRESS 804 PANFERIO DR.
CITY-ST-ZIP PENSACOLA FL 32561

TITLE ST ☒ DELETE

NAME ~~MURDOGH, DAVID-~~
STREET ADDRESS ~~1099 BULENOR-MAYOR-~~
CITY-ST-ZIP ~~PENSACOLA BCH FL 32561-~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Tim Baughn

3/4/99

Date

850.932.4472

Daytime Phone #

CR2E034 (1/98)