

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  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90047 019 \*\*\*150.00

DOCUMENT # P96000010559

1. Corporation Name  
MEDLITE, INC.

Principal Place of Business  
385 INTERSTATE BLVD  
SARASOTA FL 34240

Mailing Address  
385 INTERSTATE BLVD  
SARASOTA FL 34240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1996

4. FEI Number  
65-0642494

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

21 575 Interstate Blvd.  
Suite, Apt. #, etc.

2a. Mailing Address

26 575 Interstate Blvd  
Suite, Apt. #, etc.

City & State

23 Sarasota FL

City & State

28 Sarasota FL

Zip Country

24 34240

Zip Country

29 34240

30

9. Name and Address of Current Registered Agent

BENDEL, DOUGLAS  
306 VENICE GOLF & COUNTRY CLUB BLVD  
VENICE FL 34292

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
BENDEL, DOUGLAS  
306 VENICE GOLF & CC BLVD  
VENICE FL 34292

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BENDEL, JAMES  
2905 87TH AVE E.  
PARRISH FL 34219

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
SHOOK, SHERYL  
4004 ASPEN LEAF WAY  
VALRICO FL 33569

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BENDEL, KRISTIN  
306 VENICE GOLF & CC BLVD  
VENICE FL 34292

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

4/19/99

(941) 379-4479

Date

Daytime Phone #

CR2E034 (11/98)