

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

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011246 (1)

1. Corporation Name

NEUPATH COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

3618 HARDEN BLVD #168
LAKELAND FL 33803

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LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1996

4. FEI Number

58-3362469

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 321 N. Kentucky Ave

Suite, Apt. #, etc.

22 Suite 2

City & State

23 Lakeland Florida

Zip

24 33801

Country

25 USA

2a. Mailing Address

26 321 N. Kentucky Ave

Suite, Apt. #, etc.

27 Suite 2

City & State

28 Lakeland Florida

Zip

29 33801

Country

30 USA

9. Name and Address of Current Registered Agent

O'BRIEN, JOSEPH
3618 HARDEN BLVD #168
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name
O'Brien Joseph
82 Street Address (P.O. Box Number is Not Acceptable)
729 E Palmetto #4
83
84 City
Lakeland, FL 33801 FL 85 Zip Code
33801

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

TITLE D
NAME O'BRIEN, JOSEPH
STREET ADDRESS 3242 TRIPLE CROWN LANE
CITY-ST-ZIP LAKELAND FL 33811 ☐ DELETE

TITLE D
NAME REGISTER, TIM
STREET ADDRESS 2725 CLEVELAND HEIGHTS BLVD
CITY-ST-ZIP LAKELAND FL 33803 ☐ DELETE

TITLE D
NAME GONZALEZ, GLEN
STREET ADDRESS 5111 ARBOR POINTE CIR #218
CITY-ST-ZIP TAMPA 33 33817 ☐ 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

1.1 TITLE O'Brien, Joseph ☒ Change ☐ Addition
1.2 NAME 729 E Palmetto #4
1.3 STREET ADDRESS LKLD, FL 33801
1.4 CITY-ST-ZIP

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME REGISTER, TIM
2.3 STREET ADDRESS 129 E PALMETTO #4
2.4 CITY-ST-ZIP LKLD, FL 33801

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Gonzalez, Glen
3.3 STREET ADDRESS 5111 Arbor Pointe Cir #218
3.4 CITY-ST-ZIP Tampa, FL 33617

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.

SIGNATURE: *Glen Gonzalez*

112-98

941-682-0790

CR2E034 (10/97)