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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretar / of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90183 039 ***150.00

DOCUMENT # P96000016663 1. Corporation Name

APPLIED INGENUITY, INC.

Principal Place of Business Mailing Address)) 1911) 6110		J ii yy iisi i yy i
7451 SIR EDEN ROAD 7451 SIR EDEN ROAD									
PENSACOLA I'L		PENSACOLA FL 32526			DO NOT WRITE IN THIS SPACE				
							E IN THE	SPACE	
						3. Date Incorporated or Qualifed 02/21/1996			}
2. Principal 2	ace of Business	2a. Mailing Address		_		4. FEI Number		Ap	plied For
21	ass of Eastward	26				59-33 61331		No	ot Applicable
Suite, Ap:.	#, etc.	Suite, Apt. #, etc.						\$8.75	Ad Jitional
22		27	27			5. Certifca e of Status Desired		Fee Re	equired
City & State	е	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zip				ntry		8. This corporation owes the cur	ent year li		2 INO
24	25		30	. —-		Personal Property Tax.		Yes	Z WO
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New	tegisterei	Ayent	
CAR	ABALLO, PHILIP J			01	Mairie				
	SIR EDEN ROAD			82	Street Add	ress (P.O. Box Number is Not Accept	able)		
	SACOLA FL 32526			83					
-				00					
				84	City		F	85 Zip (Ocide
44 Diversion 4	to the provinces of Sections 607.0	502 and 607 1508 Florida Statute	se the s	hove-	named co I	poration submit; this statement for the	purpose (f changing its	registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	te oʻ Florida. Such change was ει	utnorized	וז עס נו	he corporati	on's board of directors. I hereby acce	of the app	ointment as re	gistered
SIGNATURE							DATE		
12.	Signature, typed or printed name of registered a	ANE DIRECTORS (NOTE:	Registered	Agent :	signature require	ADDITIC NS/CHANGES TO OF		ND DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 71	n F		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	☐ Addition
NAME	1 -	ARABALLO, PHILIP J						•	ļ
STREET ADDRE 3S	454 OID COTH BOAD			ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32526	1		TY-ST-					
TITLE	0	☐ DELETE	2 1 TF		-			Change	Addition
NAME	ARABALLO, MARTHA		AME						
STREET ADDRESS	7451 SIR EDEN ROAD		2.3 STREET ADDRE		ADDRESS				J
CITY-ST-ZIP	PENSACOLA FL 32526		2. 4 CITY-ST-ZIP						
TITLE		☐ DELETE	3.1 TI	ΊLE				Change	☐ Addition
NAME			3.2 NAME						ļ
STREET ADDRESS			3.3 S1	TREET A	ADDRESS				
CITY-ST-ZIP			3.4. C	ITY-ST	-ZIP				
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4.2 N	AME					
STREET ADDRESS			4 3 S	TREET /	ADDRESS				
CITY-ST-ZIP			4 4 CI	TY-ST-	ZIP				
TITLE		☐ DELETE	5 1 TI					Change	☐ Addition
NAME			5.2 N	AME					ł
STREET ADDRESS			5.3 S	TREET	ADDRESS				İ
CITY-ST-ZIP				TY-ST-	-ZIP				
TITLE		☐ DELETE	6.1 TJ					Change	Addition
NAME			6.2 N	AME	İ				Ì

CITY-ST-ZIP 14. I herely certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (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 attact ment with an address, with all other like empowered.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FJD9449158

CR2E034 (11/98)