

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 27, 1999 8:00 am
Secretary of State

04-27-1999 90084 047 ***150.00

DOCUMENT # P96000024985

1. Corporation Name

INNOVATIVE BEHAVIORAL CONCEPTS, INC.



Principal Place of Business

1340 AMBERLEA EAST
DUNEDIN FL 34698

Mailing Address

1340 AMBERLEA EAST
DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2100 EAST BAY DR.

Suite, Apt. #, etc.

22 Suite 205C

City & State

23 Largo FL

Zip

24 33771

Country

25 USA

2a. Mailing Address

26 P.O. Box 1542

Suite, Apt. #, etc.

27

City & State

28 DUNEDIN FL

Zip

29 34697-1542

Country

30 USA

3. Date Incorporated or Qualified

03/20/1996

4. FEI Number

59-3424224

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

9. Name and Address of Current Registered Agent

MASTRIDGE, BENJAMIN J
1340 AMBERLEA DR EAST
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name
MASTRIDGE BENJAMIN J.

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

2100 EAST BAY DR

83 Suite 205C

84 City
Largo

FL

85 Zip Code
33771

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]

BENJAMIN J. MASTRIDGE

4/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
MASTRIDGE, BENJAMIN J
1340 AMBERLEA EAST
DUNEDIN FL 34698

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
SOTO, AL
5226 17TH ST. NORTH
ST. PETERSBURG FL 33714

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

D
DARK JAMES
1001 PENNIE DR #307
CLEARWATER, FL 33764-1105

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]

BENJAMIN J. MASTRIDGE 4/15/99

Date

727-586-0314

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

0663873