04221999-90131-036-$150.00-$150.00

FILE NOW. FILING FEE AFTER MAY 1ST IS $000.00

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Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90131 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000038013**

1. Corporation Name
RETRIEVE USA, INC.

Principal Place of Business	Mailing Address
~~3400 S TAMIAMI TRAIL, SUITE 303~~ ~~SARASOTA FL 34239~~	~~3400 S TAMIAMI TRAIL, SUITE 303~~ ~~SARASOTA FL 34239~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 28: 1430 EWING ST NOKOMIS 34275
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 26
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 05/02/1996
4. FEI Number: 65-0662622 ☐ 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	10. Name and Address of New Registered Agent
~~JAENSCH, PETER J~~ ~~3400 S TAMIAMI TRAIL, SUITE 303~~ ~~SARASOTA FL 34239~~ No longer Registered Agent	81 Name: KEVIN PAINTER 82 Street Address (P.O. Box Number is Not Acceptable): 1430 EWING ST 83 84 City: NOKOMIS FL 85 Zip Code: 34275

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: K Painter DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	PAINTER, KEVIN		1.2 NAME	PAINTER, KEVIN	
STREET ADDRESS	35 BANYAN PASS LOOP		1.3 STREET ADDRESS	1430 EWING ST	
CITY-ST-ZIP	OCALA FL 34472		1.4 CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	PAINTER, SANDRA		2.2 NAME	PAINTER, SANDRA	
STREET ADDRESS	35 BANYAN PASS LOOP		2.3 STREET ADDRESS	1430 EWING ST	
CITY-ST-ZIP	OCALA FL 34472		2.4 CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME			3.2 NAME	MONVILLE, J. MIKE	
STREET ADDRESS			3.3 STREET ADDRESS	604 BAYSHORE DRIVE	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED 3/12/99 941 484 407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)