

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  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90090 017 \*\*\*150.00

DOCUMENT # P96000038341

1. Corporation Name  
SEEKER TECHNOLOGIES INCORPORATED



Principal Place of Business  
838 NORTH EGLIN PARKWAY  
SUITE 408  
FORT WALTON BEACH FL 32547

Mailing Address  
838 NORTH EGLIN PARKWAY  
SUITE 408  
FORT WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/03/1996

4. FEI Number  
59-3376824

Applied For  
Not Applicable

2. Principal Place of Business  
21 1270 North Eglin Parkway

2a. Mailing Address  
26 1270 North Eglin Parkway

22 Suite, Apt. #, etc.  
Suite B-10

27 Suite, Apt. #, etc.  
Suite B-10

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State  
Shalimar, FL

28 City & State  
Shalimar, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country  
32579-1244 USA

29 Zip Country  
32579-1244 USA

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FLYNN, DAVID S  
40 JAMES DRIVE  
SHALIMAR FL 32579

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 *David S. Flynn*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

27 Apr 99

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CP	FLYNN, DAVID S	40 JAMES DRIVE	SHALIMAR FL 32579	<input type="checkbox"/>
VP	Steven A. Marlow	4528 Parkview Lane	Niceville FL 32578	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *David S. Flynn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 Apr 99

(850)651-2649

Date

Daytime Phone #

CR2E034 (1/1/98)