

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90001 034 ***150.00

0415114

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000049992

1. Corporation Name
SILICONEXION, INC.

Principal Place of Business

10380 131ST ST
LARGO FL 33774
US

Mailing Address

3151 LANDMARK DR.
123
CLEARWATER FL 33421
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 100 SUMMERWIND LN.
Suite, Apt. #, etc.

27 City & State

28 OLDSMAR, FL
Zip

Country

30 U.S.

4. FEI Number

59-3383275

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

KILLINGSWORTH, JESSE J
10380 131ST ST
LARGO FL 33774

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

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 ☐ DELETE

NAME PD
MOORE, WAYNE T
STREET ADDRESS 3151 LANDMARK DR., #123
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME VSD
KILLINGSWORTH, JESSE J.
STREET ADDRESS 10380 131ST ST.
CITY-ST-ZIP LARGO FL

TITLE ☐ DELETE

NAME TD
CALTAGIRONE, JOSEPH D.
STREET ADDRESS 3401 SKYSAIL PL
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME D
LUMIA, JAMES
STREET ADDRESS 2615 PARKLAND BLVD.
CITY-ST-ZIP TAMPA F

TITLE ☐ DELETE

NAME D
WEDLAKE, JAMES
STREET ADDRESS 11671 GROVE ST.
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PTD

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

VD

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

SD

☒ 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:

Wayne Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

827 786-0004

Date

Daytime Phone #

CR2E034 (11/98)