

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 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90188 050 \*\*\*150.00

DOCUMENT # **P96000053444**

1. Corporation Name

**WHEELBLAST TECHNOLOGIES, INC.**

Principal Place of Business

**3951 COPELAND DR  
ZEPHYRHILLS FL 33540**

Mailing Address

**3951 COPELAND DR  
ZEPHYRHILLS FL 33540**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/01/1996**

4. FEI Number

**59-3385123**

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

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**LYNCH, FRANK J  
3951 COPELAND DR  
ZEPHYRHILLS FL 33540**

10. Name and Address of New Registered Agent

81 Name

**Michael B. Lynch**

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

**3951 Copeland Drive**

83

84 City

**Zephyrhills**

**FL**

85 Zip Code

**33540**

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]* VP

**Michael B. Lynch**

**4-22-99**

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

(NO E-Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LYNCH, FRANK J	
STREET ADDRESS	20064 GULF BLVD	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LYNCH, PAULETTE	
STREET ADDRESS	20064 GULF BLVD	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lynch, Michael B.	
1.3 STREET ADDRESS	1593 Mary Lane	
1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
2.1 TITLE	PO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Puryear, Susan C.	
2.3 STREET ADDRESS	1593 Mary Lane	
2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* Pres. Michael B. Lynch

**4-22-99**

**813-715-7117**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)