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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90094 040 ***150.00

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P96000068932

1. Corporation Name

INTUITION MAGAZINE, INC.



Principal Place of Business

Mailing Address

P.O. BOX 5338
 CLEARWATER FL 33758-5338

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 CLEARWATER FL 33758-5338

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1996

4. FEI Number

59-3447516

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 4500 4TH ST. N.

Suite, Apt. #, etc.

22 SUITE #4

City & State

23 ST. PETERSBURG FL

Zip

24 33703

Country

25 USA

2a. Mailing Address

26 4500 4TH ST. N.

Suite, Apt. #, etc.

27 SUITE #4

City & State

28 ST. PETERSBURG FL

Zip

29 33703

Country

30 USA

9. Name and Address of Current Registered Agent

HANKINS, ROBIN
1457 CLEVELAND STREET
SUITE N
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name

HANKINS, ROBIN

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

2020 10TH ST. N.

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33704

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 **ROBIN HANKINS, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
 NAME **HANKINS, ROBIN**
 STREET ADDRESS **1457 CLEVELAND STREET**
 CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
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 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
 1.2 NAME **HANKINS, ROBIN**
 1.3 STREET ADDRESS **2020 10TH ST. N.**
 1.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33704**

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

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:

ROBIN HANKINS

1/11/99 (727) 527-3197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (11/98)

0405813