

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 13, 1999 8:00 am  
Secretary of State

05-13-1999 90029 001 \*\*\*150.00

DOCUMENT # P96000086672

1. Corporation Name

INNOVATIVE STORE SERVICES, INC.

Principal Place of Business

Mailing Address

12350 S. Belcher Rd.  
Building A  
Largo, FL 33773

12350 S. Belcher Rd  
Building A  
Largo, FL 33773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1996

2. Principal Place of Business

2a. Mailing Address

21 12350 S. Belcher Rd.  
Suite, Apt. #, etc.

26 12350 S. Belcher Rd  
Suite, Apt. #, etc.

4. FEI Number  
59-3422623

XX Applied For  
Not Applicable

22 Building A  
City & State

27 Building A  
City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Largo, FL

28 Largo, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 33773 25 USA

29 33773 30 USA

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

Ward, Don  
5024 Gulfport Blvd. South  
Gulfport, FL 33707

81 Name  
DEANE, WILLIAM W.

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

1597 62nd Avenue North

83

84 City

St. Petersburg

FL

85 Zip Code  
33702

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)

04/09/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUILENBERG, TERRY	1.2 NAME	MUILENBERG, Terry
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX	1.3 STREET ADDRESS	12350 S. Belcher Rd Bldg 5-A
CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXX	1.4 CITY-ST-ZIP	Largo, FL 33773
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALSTEAD, Kenneth	2.2 NAME	HALSTEAD, Kenneth
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX	2.3 STREET ADDRESS	12350 S. Belcher Rd Bldg 5-A
CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXX	2.4 CITY-ST-ZIP	Largo, FL 33773
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY MUILENBERG

30 APR 99

727 530 7093

Date

Daytime Phone #

CR2E034 (11/98)