May 07, 1999 8:00 am Secretary of State

05-07-1999 90164 010 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Mailing Address

101 SE 2ND PLACE

GAINESVILLE FL 32601

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089501

1. Corporation Name

Principal Place of Business

101 SE 2ND PLACE

GAINESVILLE FL 32601

PRUDENT TECHNOLOGIES, CORP.

					10/28/1996		1	
2. Principal P	Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For		
21	26				59-3409921	No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional	
27					3. Certificate of Status Desired	Fee Re	equired	
City & State City & State					6. Election Campaign Financing	·	May Be	
23 28					Trust Fund Contribution	Added	to Fees	
Zip	Country Zip			У	8. This corporation owes the current year In			
24	25		30		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curren	t Registered Agent	8	T 57	10. Name and Address of New Registered	Agent		
HALSEMA, CHRISTOPHER M				81 Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
101 SE 2ND PLACE					·			
SUITE #203 Gainesville FL 32601				83				
				City	#	85 Zip	Code	
					FI	<u> </u>		
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	. 5							
	Signature, typed or printed name of registered agen			ent signature re	equired when reinstating) DATE			
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	P	☐ DELETE	1.1 TITLE	1		Change	☐ Addition	
NAME	HALSEMA, CHRISTOPHER							
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32601		1.4 CITY-	ST-ZIP				
TITLE	VP DELETE		2.1 TITLE			Change	☐ Addition	
NAME	HALSEMA, ANDY		2.2 NAME				l	
STREET ADDRESS	101 SE 2ND PLACE #203		2.3 STREI	ET ADDRESS			- 1	
CITY-ST-ZiP	GAINESVILLE FL 32601		2. 4 CITY-	ST-ZIP				
TITLE		C DELETE	3.1 TITLE	-		Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREI	TADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		-	☐ Change	☐ Addition	
NAME			4. 2 NAME	: [
STREET ADDRESS			4.3 STREE	ET ADDRESS				
CITY-\$T-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME	ļ			1	
STREET ADDRESS			5.3 STREI	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			_	
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS:		1	6.3 STRE	ET ADDRESS				
		// .	6.4 CITY-					
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 supplier/ental 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/expressed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

with all other like empowered.

SIGNATURE:

officer or director of the corpora Block 12 or Block 13 if change

CITY-ST-ZIP