

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 29, 1999 8:00 am
Secretary of State

04-29-1999 90016 038 ***150.00

DOCUMENT # P96000093953

1. Corporation Name
OPTION PLUS, INC.

Principal Place of Business
3016 ROSEMEAD
SARASOTA FL 34235

Mailing Address
40N. OSPREY AVE
P.O. BOX 1061
OSPREY FL 34229

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/12/1996

4. FEI Number
65-0704811

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 40N. OSPREY AVENUE
Suite, Apt. #, etc.
22 STE A

2a. Mailing Address
26 P.O. Box 3292
Suite, Apt. #, etc.
27

23 City & State
SARASOTA, FL
Zip Country
34236 USA

28 City & State
SARASOTA, FL
Zip Country
34236 USA

24 34236 25 USA

29 34236 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCNALLY, WILLIAM J
3016 ROSEMEAD
SARASOTA FL 34235

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 (NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDS
MCNALLY, WILLIAM J
3016 ROSEMEAD
SARASOTA FL 34235

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/SEC
MCNALLY, TODD J
3016 ROSEMEAD
SARASOTA FL 34235

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
COGGIN, CHAD
SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PRESIDENT - DIRECTOR
MCNALLY, WILLIAM J.
3016 ROSEMEAD
SARASOTA, FL 34235

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VP/SEC
MCNALLY, TODD J.
SARASOTA, FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
VP
COGGIN, CHAD
SARASOTA, FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

941-330-1400

Daytime Phone #

CR2E034 (1/98)