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May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90138 046 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000094744

1. Corporation Name

FRONTLINE BASICS, INC.



Principal Place of Business

176 WIMBLEDON CIRCLE  
HEATHROW FL 32746  
US

Mailing Address

P.O. BOX 953065  
LAKE MARY FL 32746  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1996

4. FEI Number

59-3372253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$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

21 546 VALENCIA ST

Suite, Apt. #, etc.

22

City & State

23 SANFORD, FL

Zip

24 32771

Country

25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

PLAICE, JILL  
176 WIMBLEDON CIRCLE  
HEATHROW FL 32746

10. Name and Address of New Registered Agent

81 Name

JILL PLAICE

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

546 VALENCIA ST

83

84 City

SANFORD

FL

85 Zip Code

32771

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

*Jill Plaine*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/99

12. OFFICERS AND DIRECTORS

TITLE PDST ☐ DELETE

NAME PLAICE, JILL  
STREET ADDRESS 176 WIMBLEDON CIRCLE  
CITY-ST-ZIP HEATHROW FL 32746

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

546 VALENCIA STREET  
SANFORD, FL 32771

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

*Jill Plaine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

407-718-3228

Daytime Phone #

0520948

0520948