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Feb 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000095216 (3)

1. Corporation Name

INSIGHTFUL ENTERPRISES, INC.



Principal Place of Business

Mailing Address

2301 CLAREMONT LANE
TALLAHASSEE FL 32301

2301 CLAREMONT LANE
TALLAHASSEE FL 32301

~~659 Victory Garden Drive~~
I-10 Rest Area A Eastbound
Tallahassee, FL

659 Victory Garden Drive
Tallahassee, FL 32301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 I-10 Rest Area A, East
Suite, Apt. #, etc.

26 659 Victory Garden Dr
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tallahassee, FL
Zip

28 Tallahassee, FL
Zip

24 N/A

25 Leon

29 32301

30 Leon

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RENDERMAN, RAY
2301 CLAREMONT LANE
TALLAHASSEE FL 32301

81 Name

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

659 Victory Garden Dr.

83

84 City

Tallahassee

FL

85 Zip Code

32301

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

Ray Renderman, President

02/03/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME RENDERMAN, RAY E
STREET ADDRESS 2301 CLAREMONT LANE
CITY-ST-ZIP TALLAHASSEE FL 32301

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 659 Victory Garden Dr.
1.4 CITY-ST-ZIP Tallahassee, FL 32301

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 the attachment with an address.

SIGNATURE

02/03/98 850-508-6019

CFR2E034 (10/97)