

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90067 022 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **P97000007488**

1. Corporation Name  
**BETHESDA PRODUCTS, INC.**



Principal Place of Business	Mailing Address
195 S. WESTMONTE DRIVE SUITE D ALTAMONTE SPRINGS FL 32714	195 S. WESTMONTE DRIVE SUITE D ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21		26	01/21/1997	59-3420786	Not Applicable
22 Suite, Apt. #, etc. Suite C		27 Suite, Apt. #, etc. Suite C	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
23 City & State		28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HODGES, GEORGE 435 EST SR 434 SUITE 300 LONGWOOD FL 32750-5219				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
FL					

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HOOPER, C. DWIGHT		1.2 NAME	Hooper, C. Dwight			
STREET ADDRESS	195 S. WESTMONTE DRIVE		1.3 STREET ADDRESS	195 S. Westmonte Dr. Suite C			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE				
NAME	TIMMS, BARRY		2.2 NAME				
STREET ADDRESS	195 S. WESTMONTE DR		2.3 STREET ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		2.4 CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	Managing Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HOOPER, PEGGY K		3.2 NAME	Hooper, Peggy K.			
STREET ADDRESS	195 S WESTMONTE DR		3.3 STREET ADDRESS	195. S. Westmonte Dr. Suite C			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		3.4 CITY-ST-ZIP	Altamonte Springs, FL 32714			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	Secretary/Tr	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	Hooper, Clifford E.			
STREET ADDRESS			4.3 STREET ADDRESS	195 S. Westmonte Dr. Suite C			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				
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 C. Dwight Hooper 1/19/99 407-862-5302  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)