

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P97000022221**

1. Corporation Name

**ABOUT TIME, INC.**

Principal Place of Business

**950 S WINTER PARK DR  
SUITE 325  
CASSELBERRY FL 32707**

Mailing Address

**950 S WINTER PARK DR  
SUITE 325  
CASSELBERRY FL 32707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/05/1997**

4. FEI Number

**65-0739750**

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. ☒ Yes ☐ No

2. Principal Place of Business

21 **210 E. First St.**

2a. Mailing Address

26 **210 E. First St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **SANFORD, FL**

City & State

28 **SANFORD, FL**

Zip

24 **32771**

Country

25 **SEMINOLE**

Zip

29 **32771**

Country

30 **SEMINOLE**

9. Name and Address of Current Registered Agent

**BAUER, SYLVIA E  
950 S WINTER PARK DR  
SUITE 325  
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name

**Sylvia E. Bauer**

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

**210 E. First St.**

83

84 City

**SANFORD**

**FL**

85 Zip Code

**32771**

11. Pursuant to the provisions of sections 607.0502 and 607.1598, 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

*Sylvia E. Bauer*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/24/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **BAUER, SYLVIA E**

STREET ADDRESS **950 S WINTER PARK DR SUITE 325**

CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **CM** ☒ DELETE

NAME **CODDINGTON, EARL**

STREET ADDRESS **950 S WINTER PARK DR, SUITE 325**

CITY-ST-ZIP **CASSELBERRY FL 32707**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

**DP** ☒ Change ☐ Addition  
**Sylvia E. Bauer**  
**210 E. First St.**  
**SANFORD, FL 32771**

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.

SIGNATURE:

*Sylvia E. Bauer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/99

Date

407-321-7676

Daytime Phone #

CR2E034 (5/99)