## 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

## DOCUMENT # P97000023456

ABSOLUTE INDUSTRIES, INC.

Principal Place of Business	Mailing Address
2890 EMILY LANE W.	2890 EMILY LANE W.
JACKSONVILLE FL 32277	JACKSONVILLE FL 32277

## FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90086 012 \*\*\*150.00



									<b>                                    </b>			
Principal Place	of Business	Mai	iling Address				ļ	* 1				
2890 EMILY LANE W. 2890 EMILY LANE W.												
JACKSONVILLE FL 32277 JACKSONVILLE FL 32277						DO NOT WRITE IN THIS SPACE						
							-	3. Date Incorporated or Qual				
								03/14/1997				
2 Principal Pl	ace of Business	28	Mailing Address					4. FEI Number			Appl	ied For
— '	ace of Dusiness	26	maing / lacross					59-3436935			· · ·	\pplicable=
21  Suite, Apt. :	# etc		Suite, Apt. #, etc.						. 5	\$8.7	<b>5</b> Ad	ditional
22	r, 0.0.	27					ľ	5. Certificate of Status Desire	d 🗆	Fee	e Requ	uired
City & State			City & State					6. Election Campaign Finance	ina —	\$5.	00 м	lay Be
23		28	•					Trust Fund Contribution	"' <sup>9</sup>		led to	
Zip	Country		Zip	Cou	intry			8. This corporation owes the	current year Int	angible		,
24	25	29		30				Personal Property Tax.		☐ Yes	<u> </u>	No
	9. Name and Address of Curre	nt Regist	ered Agent					10. Name and Address of No	w Registered	Agent		
					81	Name						-
	NS, HAROLD				82	Street	Address	s (P.O. Box Number is Not Acc	entable)			$\neg \neg$
6061 MERRILL ROAD				02	Juen	, , , , , , , , , , , , , , , , , , , ,						
JACH	(SONVILLE FL 32277				83		-					
	-				84	City				85	Zip Co	nde
					54	City			FL	.   "	Lip GC	
11. Pursuant	to the provisions of Sections 607.05	02 and 60	7.1508, Florida Statut	tes, the a	bove	e-named	corpora	ation submits this statement for	the purpose of	changing	gits re	egistered
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the balk	e of Florida Lations of	a. Such change was a Section 80 .0505	uthorized Ida Stat	f by utes	the corp	oration s	s board of directors. I hereby a	ccept the appoi	Intilient a	15 16gii	stered
		5						ŧ	4/2	TY	99	•
SIGNATURE	Signature, typed or printed name of registered as	gent and title if	applicable. (NOTI	E: Registered	Ager	nt signature	required wh	hen reinstating)	DATE			
12.	OFFICERS A	ND DIREC		13.				ADDITIONS/CHANGES TO	OFFICERS AN			
TITLE	D		☐ DELETE	1,1 Tf	TLE					☐ Cha	nge	☐ Addition
NAME.	HAWXHURST, ROBERT O			1.2 N	AME							
STREET ADDRESS	2890 EMILY LANE W.			1.3 \$1	TREET	T ADDRESS	i					
CITY-ST-ZIP	JACKSONVILLE FL 32277	CKSONVILLE FL 32277		1.4 CITY-ST-ZIP								
TITLE			☐ DELETE	2.1 TI	TLE					☐ Chai	nge	☐ Addition
NAME	٠			2.2 N	AME				<b></b> .			
STREET ADDRESS				2.3 S	TREET	T ADDRESS	:					_
CITY-ST-ZiP				2.40	HTY- S	ST-ZIP						
TITLE			☐ DELETE	3.1 T?	TLE					☐ Cha	nge	☐ Addition
NAME				3.2 N	AME			•				
STREET ADDRESS			•	3.3 S	TREE	T ADDRESS	i					•
CITY-ST-ZIP				3.4. C	TY-S	ST- ZIP						
TITLE			☐ DELETE	4.1 Ti	TLE		1			☐ Cha	nge	Addition (
NAMÉ				4. 2 N	IAME							
STREET ADDRESS				4.3 S	TREE	T ADDRESS	5					
CITY-ST-ZIP				4.4 C	ITY-S	T-ZIP						
TITLE			☐ DELETE	5.1 TI	TLE					☐ Cha	nge	☐ Addition
NAME:				5.2 N	AME							
STREET ADDRESS				5.3 S	TREE	TADORESS	i					
CITY-ST-ZIP						T-ZIP						
TITLE			☐ DELETE	6.1 TI	TLE					☐ Cha	nge	Addition
NAME				6.2 N	AME			•				
STREET ADDRESS				6.3 \$	TREE	T ADDRESS	3					

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 proposered.

SIGNATURE: