

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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90042 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000038222

1. Corporation Name
OFFICE INNOVATIONS, INC.

Principal Place of Business
12351 SHAKY LEAF COUT
JACKSONVILLE FL 32224

Mailing Address
8535 BAYMEADOWS RD
SUITE 3-120
JACKSONVILLE FL 32256
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

59-3450745

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 3167 ST. JOHN'S BLVD RD. S.

Suite, Apt. #, etc.

22 SUITE #103

City & State

23 JACKSONVILLE, FL

Zip

24 32246

Country

25 DUVAL

2a. Mailing Address

26 3167 ST. JOHN'S BLVD RD. S.

Suite, Apt. #, etc.

27 SUITE #103

City & State

28 JACKSONVILLE, FL

Zip

29 32246

Country

30 DUVAL

9. Name and Address of Current Registered Agent

LECALSEY, CHRISTOPHER R
12351 SHAKY LEAF COUT
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent

81 Name

82 CHERYL M. LECALSEY

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

12351 SHAKY LEAF COURT

84

City

JACKSONVILLE

FL

85

Zip Code

32224

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

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

(NOTE: Registered Agent signature required when reinstating)

1-8-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LECALSEY, CHRISTOPHER R

STREET ADDRESS 12351 SHAKY LEAF COUT

CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE D ☐ DELETE

NAME BUSBEE, GRANT M

STREET ADDRESS 10643 LAKEVIEW RD EAST

CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D ☐ DELETE

NAME LECALSEY, CHERYL M

STREET ADDRESS 12351 SHAKY LEAF COUT

CITY-ST-ZIP JACKSONVILLE FL 32224

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

☐ Change

☐ Addition

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☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)