

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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90152 024 \*\*\*150.00

DOCUMENT # P97000041034

1. Corporation Name  
FOCUS LIMITED INC.



Principal Place of Business

725 N TYNDALL PKWY  
CALLAWAY FL 32404  
US

Mailing Address

1232 PLANTATION DR  
CALLAWAY FL 32404  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

59-3454425

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 Tax.

☐

Yes

☐ No

2. Principal Place of Business

21 1232 Plantation Dr

2a. Mailing Address

2a Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

WOLFE, LARRY  
200-A JOHN KNOX RD.  
TALAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81 Name

MARIE Whaley

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

429 S. Tyndall Parkway

83

84 City

Callaway

FL

85 Zip Code

32404

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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

X Marie Whaley

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

(NOTE: Registered Agent signature required when reappointing)

4/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PENDERGRAST, THOMAS L  
STREET ADDRESS 725 N. TYNDALL PKWY.  
CITY-ST-ZIP CALLAWAY FL 32404

TITLE D ☐ DELETE

NAME PENDERGRAST, JUDITH  
STREET ADDRESS 725 N. TYNDALL PKWY.  
CITY-ST-ZIP CALLAWAY FL 32404

TITLE D ☐ DELETE

NAME PENDERGRAST, MATTHEW  
STREET ADDRESS 725 N. TYNDALL PKWY.  
CITY-ST-ZIP CALLAWAY FL 32404

TITLE D ☐ DELETE

NAME PENDERGRAST, JESSE  
STREET ADDRESS 725 N. TYNDALL PKWY.  
CITY-ST-ZIP CALLAWAY FL 32404

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas L. Pendergrast

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas L. Pendergrast 8508753426

Daytime Phone #

CR2E034 (11/98)

0056910