

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90034 021 ***150.00

DOCUMENT # **P97000047518**

1. Corporation Name
ICBM RECHARGING, INC.



Principal Place of Business
**3416 S WASHINGTON AVE
SUITE F
TITUSVILLE FL 32780
US**

Mailing Address
**2416 S WASHINGTON AVE
SUITE F
TITUSVILLE FL 32780
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1997

4. FEI Number

59-3448041

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 **6050 Grissom Pkwy**

2a. Mailing Address
26 **6050 Grissom Pkwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 **Titusville, FL**

City & State
28 **Titusville, FL**

Zip Country
24 **32780** 25 **USA**

Zip Country
29 **32780** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMP RUSH
3416 S WASHINGTON AVE
SUITE F
TITUSVILLE FL 32780**

81 Name **Rush Camp**
82 Street Address (P.O. Box Number is Not Acceptable)
6050 Grissom Pkwy
83
84 City **Titusville** FL 85 Zip Code **32780**

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **CAMP, RUCH**
STREET ADDRESS **3416 S WASHINGTON AVE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Camp, Rush**
1.3 STREET ADDRESS **6050 Grissom Pkwy**
1.4 CITY-ST-ZIP **Titusville, FL 32780**

TITLE **ST** ☐ DELETE
NAME **MCDONOUGH, MICHAEL**
STREET ADDRESS **3416 S WASHINGTON AVE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

2.1 TITLE **ST** ☒ Change ☐ Addition
2.2 NAME **McDonough, Michael**
2.3 STREET ADDRESS **6050 Grissom Pkwy**
2.4 CITY-ST-ZIP **Titusville, FL 32780**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Rush Camp **RUSH CAMP**

1/13/99 **(407) 383-2434**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)