

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

04194

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90067 011 ***150.00

DOCUMENT # P97000055951

1. Corporation Name
EAST COAST MICRO, INC.



Principal Place of Business
1301 SEMINOLE BLVD. #168
#168 & #169
LARGO FL 33770
US

Mailing Address
1301 SEMINOLE BLVD. #168
LARGO FL 33770

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1454 Main St

2a. Mailing Address
26 1454 Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B

27 B

City & State
23 Dunedin, FL

City & State
28 Dunedin, FL

Zip Country
24 34698 25 US

Zip Country
29 34698 30 US

3. Date Incorporated or Qualified
06/24/1997

4. FEI Number
03-3541223

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

9. Name and Address of Current Registered Agent

WATTERSON, STEPHEN P
1301 SEMINOLE BLVD. #168
LARGO FL 33770

10. Name and Address of New Registered Agent

81 Name
WATTERSON, STEPHEN P.
82 Street Address (P.O. Box Number is Not Acceptable)
1454 Main St.
83 ~~Dunedin~~ Suite B
84 City Dunedin FL 85 Zip Code 34698

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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (see note 7 applicable)

(NOTE: Registered Agent signature required when reinstating)

5/1/99
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WATTERSON, STEPHEN P
STREET ADDRESS 4215 EAST BAY DRIVE #1807C
CITY-ST-ZIP CLEARWATER FL 34624

TITLE D ☐ DELETE
NAME WATTERSON, ALYSON
STREET ADDRESS 4215 EAST BAY DRIVE #1807C
CITY-ST-ZIP CLEARWATER FL 34624

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 WATTERSON, STEPHEN P.
1.3 STREET ADDRESS 2647 SEQUOIA TERRACE
1.4 CITY-ST-ZIP PALM HARBOR, FL 34698 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME WATTERSON, ALYSON
2.3 STREET ADDRESS 2647 SEQUOIA TERRACE
2.4 CITY-ST-ZIP PALM HARBOR, FL 34698 ☒ Change ☐ Addition

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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

5/1/99
Date

Daytime Phone #

CR2E034 (1/98)