

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 19, 1999 8:00 am  
Secretary of State

02-19-1999 90014 050 \*\*\*150.00

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1. Corporation Name  
HIGH POWERED PROMOTIONS, INC.

Principal Place of Business  
N COMBEE RD  
LAKELAND FL 33801

Mailing Address  
960 N COMBEE RD  
LAKELAND FL 33801  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/11/1997	59-3478696	Not Applicable
City & State	City & State	5. Certificate of Status Desired	6. Election Campaign Financing	\$8.75 Additional Fee Required
Zip	Zip	<input type="checkbox"/>	Trust Fund Contribution	\$5.00 May Be Added to Fees
Country	Country	7. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/>	Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MUELLER, CHRIS B  
930 1/2 N COMBEE RD  
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81. Name	CHRIS B. Mueller
82. Street Address (P.O. Box Number is Not Acceptable)	960 N. COMBEE RD.
83.	
84. City	LAKELAND
85. Zip Code	FL 33801

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	D	1.1 TITLE	P/D
NAME	MUELLER, CHRIS B	1.2 NAME	CHRIS B. Mueller
STREET ADDRESS	930 1/2 N COMBEE RD	1.3 STREET ADDRESS	960 N. COMBEE RD.
CITY-ST-ZIP	LAKELAND FL 33801	1.4 CITY-ST-ZIP	LAKELAND, FL 33801
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Signature and typed or printed name of signing officer or director  
C.B. Mueller P/D

Date

Daytime Phone #

CR2E034 (11/98)