

FILE NOW: FILING FEE AFTER MAY 15

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Secretary of State
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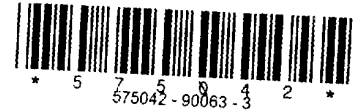
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**PROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA
 Ka
 B4
 DIVISION

DOCUMENT - 1



DEPARTMENT OF STATE

DOCUMENT # P97000069591

1. Corporation Name

PASTEURIZER TECHNOLOGY COMPANY



Principal Place of Business

**4344 LANDOVER DRIVE
 JACKSONVILLE FL 32207**

Mailing Address

**4344 LANDOVER DRIVE
 JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

59-3468975

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

8. Election Campaign Financing
 Trust Fund Contributions ☐

\$5.00 May Be
 Added to Fees

3. This corporation owes the current year intangible
 Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**HEAD, KOKO ESQ
 2970 HARTLEY RD, SUITE 104
 JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 807.05(2) and 807.15(8), Florida Statutes, the above-named corporation certifies 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 appoint the appointment as registered agent. I am familiar with, and accept the obligations of, Section 807.05(5), Florida Statutes.

SIGNATURE

Signature of officer or director of corporation or registered agent

(NOTE: Registered Agent signature must appear when applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	JONES, MARK L	
STREET ADDRESS	4344 LANDOVER DR	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
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

14. TITLE	☐ Change ☐ Addition
15. NAME	
16. STREET ADDRESS	
17. CITY-ST-ZIP	
18. TITLE	☐ Change ☐ Addition
19. NAME	
20. STREET ADDRESS	
21. CITY-ST-ZIP	
22. TITLE	☐ Change ☐ Addition
23. NAME	
24. STREET ADDRESS	
25. CITY-ST-ZIP	
26. TITLE	☐ Change ☐ Addition
27. NAME	
28. STREET ADDRESS	
29. CITY-ST-ZIP	
30. TITLE	☐ Change ☐ Addition
31. NAME	
32. STREET ADDRESS	
33. CITY-ST-ZIP	
34. TITLE	☐ Change ☐ Addition
35. NAME	
36. STREET ADDRESS	
37. 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)(b), 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:

Mark L. Jones

30 April 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORF004 (1/98)