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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000070420

1. Corporation Name

## FILED Feb 15, 1999 8:00am Secretary of State

02-15-1999 90034 050 \*\*\*150.00

	ITS, INC.						
LION CO	FIO: INO:				1 ( <b>08</b> )(138) (10 10)(1 10)(1 01)(1 00)(1 10)(1 10)		
Principal Place	of Business	Mailing Address					
500 N LAKEWOOD RUN DR 500 N LAKEWOOD RUN DR							
PONTE VEDRA FL 32082 PONTE VEDRA FL 32082					DO NOT WRITE IN THIS SPACE		
บร		US			3. Date Incorporated or Qualifed		
					08/11/1997		
a Dissipal Dis	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
$\neg$ 1	ace of pusitiess	26			59-3463231		lot Applicable
21 Suite, Apt. #	# etc	Suite, Apt. #, etc.			5. Certifcate of Status Desired	T	Additional
22	,, 0.0.	27			J. Octarous C. Outrop Communication		Required
City & State		City & State		6. Election Campaign Financing		May Be	
23		28		Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year	⊓ntangible <b>⊠</b> Yes	□No
24	25	29	30		Personal Property Tax.  10. Name and Address of New Register		
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Hand and Addison of the San		
34/81 [	KED TAMES A						
WAL	KER, JAMES V PONTE VEDRA PARK DR.			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	TE VEDRA BEACH FL 32082			83		1,3	* 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
PON	TE VEDRA BEACHTE 32002						Codo
				84 City	5	85 Zij	p Code
	607.050	2 and 607 1508. Florida Statut	es the a	hove-named cor	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a	e of changing	its registered
11. Pursuant office or r	to the provisions of Sections 607.030 registered agent, or both, in the State	of Florida, Such change was a	uthorize	by the corpora	rporation submits this statement for the purpos- tion's board of directors. I hereby accept the a	opointment as	registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Fit	iliua Stat	utes.		•	ì
SIGNATURE	Signature, typed or printed name of registered age	ot and title if applicable (NOT)	Registere	Agent signature requi	ired when reinstating)	E	
12.			,		REG WHOT TOWNSECONS		
		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIREC	TORS IN 12
		······			ADDITIONS/CHANGES TO OFFICER	S AND DIREC	TORS IN 12
TITLE NAME	P MICHAEL C LYON	ID DIRECTORS	13.	TLE	ADDITIONS/CHANGES TO OFFICERS	S AND DIREC	TORS IN 12 e Addition
TITLE NAME	P MICHAEL C LYON	ID DIRECTORS	13. 1.1 T 1.2 N	TLE	ADDITIONS/CHANGES TO OFFICERS	S AND DIREC	TORS IN 12 le Addition
TITLE NAME STREET ADDRESS	P MICHAEL C LYON 500 N LAKEWOOD RUN DR	ID DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C	TLE AME TREET ADDRESS ITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICER:	☐ Chang	e Addition
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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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 93

964-543-9185

2E034 (11/98)