

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**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90195 031 \*\*\*150.00

**DOCUMENT # P97000077852**

1. Corporation Name  
**GLOBALTEXT, INC.**

Principal Place of Business  
**1023 LIBERTY ST  
JACKSONVILLE FL 32206**

Mailing Address  
**1023 LIBERTY ST  
JACKSONVILLE FL 32206**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/09/1997**

4. FEI Number

**59-3466652**

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, JOHN D  
4543 WESCONNETT BLVD  
JACKSONVILLE FL 32210**

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 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 P/D ☒ DELETE  
NAME RONICA D CURRY  
STREET ADDRESS 351 ARLINGTON RD  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE V/D ☒ DELETE  
NAME LEOLA CURRY  
STREET ADDRESS 1098 FULLER LN  
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE D ☒ DELETE  
NAME KAREN RILEY  
STREET ADDRESS 1023 N LIBERTY ST  
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE T/D ☐ DELETE  
NAME JOHN D DAVIS  
STREET ADDRESS 4543 WESCONNETT BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE S/D ☐ DELETE  
NAME SHEILA L CURRY  
STREET ADDRESS 5811 ATLANTIC BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE NP/D ☐ Change ☒ Addition  
1.2 NAME ALI, RAHMAN  
1.3 STREET ADDRESS 1023 N. LIBERTY ST.  
1.4 CITY-ST-ZIP JACKSONVILLE, FL. 32206

2.1 TITLE P/D ☐ Change ☒ Addition  
2.2 NAME PASHA, NELRAE  
2.3 STREET ADDRESS 1023 N. LIBERTY ST.  
2.4 CITY-ST-ZIP JACKSONVILLE, FL. 32206

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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:

*John Skonlaude*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99  
Date

(904) 771-0262  
Daytime Phone #

CR2E034 (11/98)