## 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** 

## DOCUMENT # P97000079446

1. Corporation Name HOYT GLOBAL, INC.

				_
Principal	Place	of	Business	

2. Principal Place of Business

6754 WOODLAND BLVD.

21

PINELLAS PARK FL 33781

Mailing Address

6754 WOODLAND BLVD. PINELLAS PARK FL 33781

2a. Mailing Address

26

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90010 017 \*\*\*150.00

DO NOT WRITE IN THIS	SPACE				
3. Date Incorporated or Qualifed					
09/15/1997					
4. FEI Number	Applied For				
59-3467639	Not Applicable				

Suite, Apt.	ot. #, etcSuite, Apt. #, etc		5 Certificate of Status Desired						
22		27			3. Octaiodis 51 Octaios 2001100	Fee	Required		
City & Stat	City & State				Election Campaign Financing     Trust Fund Contribution	1 1	May Be d to Fees		
Zip	Country	Zip Country		8. This corporation owes the curre	ent year Intangible				
24	25	29 30	9 30		Personal Property Tax.	☐Yes	□No		
	9. Name and Address of Current	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			10. Name and Address of New Registered Agent				
ACCOUNTING & TAX HELP, INC. 8668 PARK BLVD. SUITE A SEMINOLE FL 33777			81 82 83 84	82 Street Address (P.O. Box Number is Not Acceptable) 8802 Rocky CAGEK DL SUITE 8 83 84 City AMPA FL 85 Zip Code 33615					
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				-lt	ut an epinetotica)	DATE	[		
Oginado, opos o prima de la companya			men Agent syntact required with 7 th actually						
12.			13.		ADDITIONS/CHANGES TO OFF	Chang			
TITLE	P	_	1,1 TITLE	Ì		\$inang			
NAME	HOYT, TODD		1.2 NAME						
STREET ADDRESS	6754 WOODLAND BLVD	1.3 S		ADDRESS			1		
CITY-ST-ZIP	PINELLAS PARK FL 33781	1.	1.4 CITY-ST	-ZIP					
TITLE		☐ DELETE	2.1 TITLE			Chang	e 🔲 Addition		
NAME			2.2 NAME				-		
STREET ADDRESS	,		2.3 STREET	ADDRESS	magaa wa wa wa		, [		
CITY-ST-7IP			2. 4 CITY-S	r-ZIP					

☐ Addition ☐ DELETE 3.1 TITLE ☐ Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE  $P_{i} \cap I$ 6.2 NAME NAME 9000 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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: