


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000080098 (1)**
1. Corporation Name
WINGFIELD TECHNOLOGY, INCORPORATED



Principal Place of Business 18328 GULF BLVD #2 INDIAN SHORES FL 33785	Mailing Address 18328 GULF BLVD #2 INDIAN SHORES FL 33785
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2107 Bay Blvd Suite, Apt. #, etc. 22 Apt 2 City & State 23 Indian Rocks Beach, FL Zip 24 33785		2a. Mailing Address 26 2107 Bay Blvd Suite, Apt. #, etc. 27 Apt 2 City & State 28 Indian Rocks Beach, FL Zip 29 33785		3. Date Incorporated or Qualified 09/15/1997	
25 USA		30 USA		4. FEI Number 59-3468554	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WINGFIELD, JOSEPH S 18328 GULF BLVD #2 INDIAN SHORES FL 33785		10. Name and Address of New Registered Agent 81 Name Wingfield, Joseph S 82 Street Address (P.O. Box Number is Not Acceptable) 2107 Bay Blvd Apt 2 83 84 City Indian Rocks Beach FL 85 Zip Code 33785	
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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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Joseph Scot Wingfield
STREET ADDRESS		1.3 STREET ADDRESS	2107 Bay Blvd Apt 2
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Indian Rocks, Beach FL 33785
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

Joseph Scot Wingfield, President

4-25-1998

(813) 581-1304

CR2E034 (10/97)