

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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90044 022 ***150.00

0075285

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000086197

1. Corporation Name
CILOA TECHNICAL SERVICES CORPORATION

Principal Place of Business 902 HILLVIEW COURT BRANDON FL 33510	Mailing Address 902 HILLVIEW COURT BRANDON FL 33510
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 638 Talwood Cir Suite, Apt. #, etc. 22 Apt. C City & State 23 Brandon, FL Zip 24 33510 Country 25 Hillsborough	2a. Mailing Address 26 638 Talwood Cir. Suite, Apt. #, etc. 27 Apt. C City & State 28 Brandon, FL Zip 29 33510 Country 30 Hillsborough
---	---

3. Date Incorporated or Qualified 10/06/1997	4. FEI Number 59-3475781	Applied For <input type="checkbox"/> Not Applicable
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

JINKERSON, JOHN
902 HILLVIEW COURT
BRANDON FL 33510

10. Name and Address of New Registered Agent

81 Name John Jinkerson
82 Street Address (P.O. Box Number is Not Acceptable) 638 Talwood Cir, Apt. C
83
84 City Brandon
85 State FL
86 Zip Code 33510

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 *John Jinkerson* DATE **27 March '99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	<input type="checkbox"/> DELETE	1.1 TITLE director, president, treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JINKERSON, JOHN		1.2 NAME John Jinkerson	
STREET ADDRESS 902 HILLVIEW COURT		1.3 STREET ADDRESS 638 Talwood Cir, Apt C	
CITY-ST-ZIP BRANDON FL 33510		1.4 CITY-ST-ZIP Brandon, FL 33510	
TITLE DVS	<input type="checkbox"/> DELETE	2.1 TITLE director, vice president, secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JINKERSON, GLENDA		2.2 NAME Glenda Jinkerson	
STREET ADDRESS 902 HILLVIEW COURT		2.3 STREET ADDRESS 1204 Tingerwood Ct.	
CITY-ST-ZIP BRANDON FL 33510		2.4 CITY-ST-ZIP Valrico, FL 33594	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEEKS, MITCHELL		3.2 NAME	
STREET ADDRESS 5701 MARINER ST., STE. 201		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33609		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, with all other like empowered.

SIGNATURE: *John Jinkerson* DATE **27 March '99** DAYTIME PHONE # **813-340-8189**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (11/98)