## 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 # P97000101159

LENTICULAR, INC.

## **FILED** Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90042 012 \*\*\*150.00



					[	
Principal Place of Business Mailing Address					,	
348 MIRACLE STRIP PARKWAY STE. 34  FT. WALTON BEACH FL 32548  348 MIRACLE STRIP PARKWAY STE. 34  FT. WALTON BEACH FL 32548				4	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 11/26/1997	
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For	
21 775 - A S. MAW ST 26					<b>59-3478516</b> Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22					5. Certifcate of Status Desired	
City & State City & State					6. Election Campaign Financing \$5.00 May Be	
23 CRESTVIEW TC 28					Trust Fund Contribution - Added to Fees	
Zip Country Zip Cou					8. This corporation owes the current year Intangible	
24 32536 25 WSA 29 30					Personal Property Tax. ☑ Yes ☐ No	
	9 Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	
			81	Name		
RIGGS, STEPHEN C 348 MIRACLE STRIP PARKWAY STE. 34				Street Address (P.O. Box Number is Not Acceptable)		
FT. WALTON BEACH FL 32548			83	83		
			84	City	FL 85 Zip Code	
L						
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						
GIGHTORE	Signature, typed or printed name of registered agen		<u> </u>	nt signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		D DIRECTORS	13.	<del></del> 1	Change Addition	
TITLE	D	☐ DELETÉ	1.1 TITLE		DIRECTOR EASTERLY, EDWARD Y,	
NAME	LACILITE, EDITION		1.2 NAME		CHSIGELS, CDWII - DI	
STREET ADDRESS	9375 EMERALD COAST PARKY	<del>VAY -#26-</del> /	1.3 STREE	T ADDRESS	P.O. BOX 1097	
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-S	T-ZiP	SANTA ROSA BCH JE 32459	
TITLE	D	DELETE	2.1 TITLE		ChangeAddition	
NAME	RIGGS, STEPHEN C		2.2 NAME			
STREET ADDRESS	9 SHADY LANE		2.3 STREE	TADORESS	·	
CITY-ST-ZIP	MARY ESTHER FL 32569		2.4 CITY-5	ST-ZIP	7.77	
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	TADDRESS		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	TADORESS		
CITY+ST-ZIP			4.4 CITY- S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME	•		5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T- ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME	į		
STREET ADDRESS			6.3 STREE	T ADDRESS		
3.,	1		SACITY S	חוד די		

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 of 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, it or any attachment with an address with all other like empowered.

SIGNATURE:

Daytime Phone #