

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 13, 1999 8:00 am
Secretary of State

05-13-1999 90048 017 ***150.00

DOCUMENT # 897000101470

1. Corporation Name
Technotes Corporation

Principal Place of Business
7595 Baymeadows Cir W
Suite 914
Jacksonville FL 32256

Mailing Address
1731 Colonial Drive
Green Cove Springs FL
32043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2 Dec 97

2. Principal Place of Business
21 7595 Baymeadows Cir W

2a. Mailing Address
26 1731 Colonial Drive

4. FEI Number
65-0797377

Applied For
Not Applicable

Suite, Apt. #, etc.
22 914

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State
23 Jacksonville FL

City & State
28 Green Cove Springs FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip Country
24 32256 25 Duval

Zip Country
29 32043 30 Clay

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jennifer M Hohman
1550 Brickell Ave #502A
Miami FL 33129

81 Name Jennifer M Hohman

82 Street Address (P.O. Box Number is Not Acceptable)
1731 Colonial Drive

83

84 City Green Cove Springs FL 85 Zip Code 32043

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 *Jennifer M Hohman* as President, Jennifer M Hohman, President 12 Apr 99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE
NAME Jennifer M Hohman
STREET ADDRESS 1550 Brickell Ave #502A
CITY-ST-ZIP Miami FL 33129

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Jennifer M Hohman
1.3 STREET ADDRESS 1731 Colonial Drive
1.4 CITY-ST-ZIP Green Cove Springs FL 32043

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: *Jennifer M Hohman* as President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Apr 99 904-739-1941
Date Daytime Phone #

CR2E034 (11/98)