

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 05, 1999 8:00 am
Secretary of State

05-05-1999 90170 046 ***150.00

DOCUMENT # P97000105636

1. Corporation Name
CYBERMAX TECH, INC.

Principal Place of Business
7800 BELFORT PKWY., STE 100
JACKSONVILLE FL 32256

Mailing Address
7800 BELFORT PKWY., STE 100
JACKSONVILLE FL 32256



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1997

4. FEI Number

59-3480849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLAND & KNIGHT
ONE INDEPENDENT DR., STE 2000
JACKSONVILLE FL 32202

81 Name

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

83 Suite 100

84 City

JACKSONVILLE

FL

85 Zip Code

32256

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

Catherine J. Gray

Catherine J. Gray VP

4/29/99

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 C ☐ DELETE
NAME WILSON, J. STEVE
STREET ADDRESS 7800 BELFORT PKWY., STE 100
CITY-ST-ZIP JACKSONVILLE FL 32256

1.1 TITLE AT/AS ☐ Change ☒ Addition
1.2 NAME Turvey, Susan H.
1.3 STREET ADDRESS 7800 Belfort Pkwy, Suite 100
1.4 CITY-ST-ZIP Jacksonville, FL 32256

TITLE SVST ☐ DELETE
NAME GRAY, CATHERINE J
STREET ADDRESS 7800 BELFORT PKWY., STE 100
CITY-ST-ZIP JACKSONVILLE FL 32256

2.1 TITLE AS ☐ Change ☒ Addition
2.2 NAME Graham, T. Malcolm
2.3 STREET ADDRESS 7800 Belfort Parkway, Suite 100
2.4 CITY-ST-ZIP Jacksonville FL 32256

TITLE P ☒ DELETE
NAME NIELSEN, JARED
STREET ADDRESS 7800 BELFORT PKWY., STE 100
CITY-ST-ZIP JACKSONVILLE FL 32256

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME Blunt, Laura A.
3.3 STREET ADDRESS 7800 Belfort Parkway, Suite 100
3.4 CITY-ST-ZIP Jacksonville, FL 32256

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:

Catherine J. Gray

4/29/99

(904) 291-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)