

OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 15, 1999 8:00 am
Secretary of State
09-15-1999 90003 036 ***550.00

DOCUMENT # **P97000105946** ✓
Corporation Name
SYNERGY DESIGN & FABRICATION, INC.

Principal Place of Business
**60 EAST COLUMBUS DRIVE
STE B
TAMPA FL 33619**

Mailing Address
**6400 EAST COLUMBUS DRIVE
SUITE B
TAMPA FL 33619**



Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip
Country
25

2a. Mailing Address
Suite, Apt. #, etc.
27
City & State
28
Zip
Country
29

3. Date Incorporated or Qualified
01/01/1998

4. FEI Number
59-3482473
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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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.

NATURE
Signature, typed or printed name of registered agent and title if applicable.
**PSTD
BACON, DARRELL JOSEPH
6400 E COLUMBUS DR, STE B
TAMPA FL 33619**

(NOTE: Registered Agent signature required when reinstating)
DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	1.2 NAME	
	1.3 STREET ADDRESS	
	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	2.2 NAME	
	2.3 STREET ADDRESS	
	2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.2 NAME	
	3.3 STREET ADDRESS	
	3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.2 NAME	
	4.3 STREET ADDRESS	
	4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.2 NAME	
	5.3 STREET ADDRESS	
	5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.2 NAME	
	6.3 STREET ADDRESS	
	6.4 CITY-ST-ZIP	

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: **Darrell J. Bacon** President **9/9/99** **813 620-4360**

CR2E034 (5/99)