

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90138 029 ***150.00

DOCUMENT # P98000007949

1. Corporation Name

CARTIDGE SOURCE OF AMERICA, INC.



Principal Place of Business

~~670 N COURTNEY PARKWAY, #21~~
~~MERRITT ISLAND FL 32953~~

Mailing Address

~~670 N COURTNEY PARKWAY, #21~~
~~MERRITT ISLAND FL 32953~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1998

4. FEI Number

830398940

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

21 1427 CHAFFEE DRIVE

Suite, Apt. #, etc.

22 Suite 5

City & State

23 Titusville, FL

Zip

24 32780

Country

25 USA

2a. Mailing Address

26 1427 CHAFFEE DRIVE

Suite, Apt. #, etc.

27 Suite 5

City & State

28 Titusville, FL

Zip

29 32780

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Joseph Hurston

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

1427 CHAFFEE DRIVE

83

Suite 5

84 City

TITUSVILLE

FL

85 Zip Code

32780

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

JOSEPH R. HURSTON

3-2-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
HURSTON, JOE
STREET ADDRESS
8221 SARNOV DRIVE
CITY-ST-ZIP
ORLANDO FL 32822

TITLE ☒ DELETE

NAME
YATES, ROLAND
STREET ADDRESS
343 N TROPICAL TRAIL, SUITE A101
CITY-ST-ZIP
MERRITT ISLAND FL 32953

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR/SECRETARY (D/S) ☐ Change ☒ Addition

1.2 NAME
ROBERT LEY
1.3 STREET ADDRESS
1818 CONCERT RD.

1.4 CITY-ST-ZIP
DELTONA, FL 32738

2.1 TITLE DIRECTOR (D) ☐ Change ☒ Addition

2.2 NAME
LAWRENCE J. JUNKER
2.3 STREET ADDRESS
4385 STILLWATERS DRIVE
2.4 CITY-ST-ZIP
MERRITT ISLAND, FL 32952

3.1 TITLE DIRECTOR/CHAIRMAN(D,S) ☒ Change ☐ Addition

3.2 NAME
HURSTON, JOE
3.3 STREET ADDRESS
5560 PAN PALM AVE.
3.4 CITY-ST-ZIP
COCOA, FL 32927

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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 119.073(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 attached page with an address, with a different like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph R. Hurston 4/20/99 407-267-7726

Date

Daytime Phone #

CR2E034 (1/98)