


**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90157 004 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000009266**

1. Corporation Name

**I.D.L. CORPORATION**

Principal Place of Business

1819 MAIN STREET #610  
SARASOTA FL 34236

Mailing Address

1819 MAIN STREET #610  
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1998

4. FEI Number

65-0924146

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐-\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3859 Bee Ridge Rd

Suite, Apt. #, etc.

22 Suite 201

City &amp; State

23 Sarasota, FL

Zip

24 34233

Country

2a. Mailing Address

26 3859 Bee Ridge Rd

Suite, Apt. #, etc.

27 Suite 201

City &amp; State

28 Sarasota, FL

Zip

29 34233

Country

9. Name and Address of Current Registered Agent

NORTON, SAM D  
1819 MAIN STREET #610  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

Todd Johnston

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

3859 Bee Ridge Rd

83

Suite 201

84 City

Sarasota

FL

85 Zip Code

34233

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETED  
NAME JOHNSTON, TODD  
STREET ADDRESS 2620 BEE RIDGE ROAD  
CITY-ST-ZIP SARASOTA FL 34239TITLE ☐ DELETED  
NAME JOHNSTON, KAREN  
STREET ADDRESS 2620 BEE RIDGE ROAD  
CITY-ST-ZIP SARASOTA FL 34239TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition1.2 NAME Todd Johnston  
1.3 STREET ADDRESS 3859 Bee Ridge Rd  
1.4 CITY-ST-ZIP Sarasota, FL 342332.1 TITLE ☒ Change ☐ Addition2.2 NAME Karen Johnston  
2.3 STREET ADDRESS 3859 Bee Ridge Rd  
2.4 CITY-ST-ZIP Sarasota, FL 342333.1 TITLE ☐ Change ☐ Addition3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)