

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 26, 1999 8:00 am  
Secretary of State

04-26-1999 90076 031 \*\*\*150.00

DOCUMENT # P98000012026

1. Corporation Name  
INFO-LISTER, INC.

Principal Place of Business  
306 E. MAIN ST., SUITE 201  
LAKELAND FL 33801

Mailing Address  
P. O. BOX 6958  
LAKELAND FL 33807-6958



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1998

4. FEI Number  
59-3490756

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

21 Suite, Apt. #, etc.

26 PO Box 90517

22 Suite 200

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

25 33804 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAKEMAN, WILLIAM H III  
306 E. MAIN ST., SUITE 201  
LAKELAND FL 33801

81 Name

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

83 Suite 200

84 City

FL

85 Zip Code

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 *Wm. H. Wakeman III*

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

(NOTE: Registered Agent signature required when reinstating)

4-22-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE PC ☐ Change ☒ Addition  
1.2 NAME Wakeman, William H. III  
1.3 STREET ADDRESS 1208 Lake Deeson Woods Lane  
1.4 CITY-ST-ZIP Lakeland, FL 33805

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE VDS ☐ Change ☒ Addition  
2.2 NAME Wakeman, Richard  
2.3 STREET ADDRESS 370 Arbor Way  
2.4 CITY-ST-ZIP Lakeland, FL 33809

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME Ball, Vernon  
3.3 STREET ADDRESS 28702 Megan Drive  
3.4 CITY-ST-ZIP Bonita Springs, FL 34135

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE T ☐ Change ☒ Addition  
4.2 NAME Simpson, Stacey  
4.3 STREET ADDRESS 3928 Laurel Branch Drive  
4.4 CITY-ST-ZIP Lakeland, FL 33810

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:

*Wm. H. Wakeman III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

941 688-4441

Daytime Phone #

CR2E034 (1/98)