

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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90039 015 ***150.00

DOCUMENT # P98000012847

1. Corporation Name
CYTEK CONSULTANTS, INC.

Principal Place of Business

1604 FAIRLAND AVE
PANAMA CITY FL 32405

Mailing Address

1604 FAIRLAND AVE
PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1998

4. FEI Number

59-3495604

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 1105 BECK AVE

Suite, Apt. #, etc.

22 City & State
23 PANAMA CITY FL

24 Zip Country
32401 USA

2a. Mailing Address

26 1105 BECK AVE

Suite, Apt. #, etc.

27 City & State
28 PANAMA CITY FL

29 Zip Country
32401 USA

9. Name and Address of Current Registered Agent

CARPENTER, PATRICIA
1604 FAIRLAND AVE
PANAMA CITY FL 32405

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

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

Patricia Carpenter
(NOTE: Registered Agent signature required when reinstating)

1/4/99
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME CARPENTER, PATRICIA J
STREET ADDRESS 1604 FAIRLAND AVE
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE EXECUTIVE VICE PRESIDENT ☐ DELETE
NAME CHRISTINE R. DAVIS
STREET ADDRESS
CITY-ST-ZIP PANAMA CITY BEACH, FL

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 EXECUTIVE VICE PRESIDENT ☐ Change ☒ Addition
1.2 NAME CHRISTINE R. DAVIS
1.3 STREET ADDRESS 117 BONAIRE DR
1.4 CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 119.07(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: *Patricia Carpenter* *Patricia Carpenter* 1/4/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)