

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90213 012 ***150.00

DOCUMENT # P98000016822

1. Corporation Name
NU-QUEST TECHNOLOGIES, INC.



Principal Place of Business
215 W PALMETTO STREET
WAUCHULA FL 33873

Mailing Address
215 W PALMETTO STREET
WAUCHULA FL 33873

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 217 W. PALMETTO ST
Suite, Apt. #, etc.

2a. Mailing Address

26 217 W PALMETTO ST
Suite, Apt. #, etc.

City & State

23 WAUCHULA FL
Zip Country

24 33873 25

City & State

28 WAUCHULA FL
Zip Country

29 33873 30

3. Date Incorporated or Qualified

02/14/1998

4. FEI Number

65-0817650

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

9. Name and Address of Current Registered Agent

NUCCIO, MARSHALL V
215 W PALMETTO STREET
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81 Name

NUCCIO, MARSHALL V

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

217 W PALMETTO ST

83

84 City

WAUCHULA

FL

85 Zip Code

33873

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

MARSHALL V NUCCIO

3/8/99

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

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME NUCCIO, MARSHALL V
STREET ADDRESS 215 W PALMETTO STREET
CITY-ST-ZIP WAUCHULA FL 33873

TITLE D ☐ DELETE
NAME NUCCIO, JOHN A
STREET ADDRESS P.O. BOX 1502 N/A
CITY-ST-ZIP WAUCHULA FL 33873

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 P, V.P., T ☐ Change ☒ Addition
1.2 NAME NUCCIO, MARSHALL V
1.3 STREET ADDRESS 217 W. PALMETTO ST
1.4 CITY-ST-ZIP WAUCHULA, FL 33873

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME NUCCIO, MARSHALL V
2.3 STREET ADDRESS 217 W. PALMETTO ST
2.4 CITY-ST-ZIP WAUCHULA, FL 33873

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:

MARSHALL V NUCCIO, PRES

Date

Daytime Phone #

3/8/99 (941) 773-4749

CR2E034 (11/98)