03291999-90091-049-$150.00-$150.00

FILED
99 JUL 21 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/29/99 900091/049 $150.00

DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000017914

1. Corporation Name
THUNDERBYTE SYSTEMS, INC.

Principal Place of Business
1011 S. CLARK AVE.
TAMPA FL 33629

Mailing Address
1011 S. CLARK AVE.
TAMPA FL 33629

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

3. Date Incorporated or Qualified
02/23/1998

4. FEI Number
☐ 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 owns the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BLEIL, LISA M
1011 S. CLARK AVE.
TAMPA FL 33629

10. Name and Address of New Registered Agent
Name: Timothy E. Bleil
Street Address (P.O. Box Number Is Not Acceptable): 1011 S. Clark Ave.
City: Tampa FL Zip Code: 33629

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] 3-24-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	☐ DELETE
NAME	TIMOTHY E. BLEIL	
STREET ADDRESS	1011 S. CLARK AVENUE	
CITY-ST-ZIP	TAMPA, FL 33629	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		LS
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] Timothy E. Bleil 3-24-99 813-289-0870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

850-487-6017
Attn: Leslie