

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90004 038 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000020707

1. Corporation Name

HI-TECH DESIGN PRODUCTION, INC.

Principal Place of Business

1708 WINDSOR WAY  
TAMPA FL 33619

Mailing Address

1708 WINDSOR WAY  
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1998

4. FEI Number

59-3499592

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 3049 Drone Field Rd.

26 12647 U.S. Hwy 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Unit #8

27

City & State

City & State

23 Lakeland, FL

28 Hudson, FL

Zip Country

Zip Country

24 33811 25 USA

29 34667 30 USA

9. Name and Address of Current Registered Agent

SUGGS, ROGER L  
1708 WINDSOR WAY  
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name

Suggs, Roger L.

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

12647 U.S. Hwy 19

83

84 City

Hudson

FL

85 Zip Code

34667

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 Roger L. Suggs

Roger L. Suggs

4-30-99

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

(NOTE: Registered Agent signature required for reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
SUGGS, ROGER L  
1708 WINDSOR WAY  
TAMPA FL 33619

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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: Roger L. Suggs

4-30-99 800-978-5646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)