

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000033805  
 1. Corporation Name  
 80/20, INC.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 AUG 31 PM 1:38



Principal Place of Business: 2704 SAFESHELTER DRIVE WEST JACKSONVILLE FL 32225  
 Mailing Address: 2704 SAFESHELTER DRIVE WEST JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1531-8 MONUMENT RD.  
 2a. Mailing Address: 26 1531-8 MONUMENT RD.  
 22 Suite, Apt. #, etc.  
 27 Suite, Apt. #, etc.  
 23 City & State: JACKSONVILLE FL  
 28 City & State: JACKSONVILLE FL  
 24 Zip: 32225 25 Country: USA  
 29 Zip: 32225 30 Country: USA  
 3. Date Incorporated or Qualified: 04/08/1998  
 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 owes the current year Intangible Personal Property:  Yes  No

9. Name and Address of Current Registered Agent  
 LEPRELL, SAMUEL L  
 233 EAST BAY STREET, SUITE 901  
 BLACKSTONE BLDG.  
 JACKSONVILLE FL 32202

SAME AGENT  
 NEW ADDRESS

10. Name and Address of New Registered Agent  
 81 Name: LEPRELL, SAMUEL L.  
 82 Street Address (P.O. Box Number is Not Acceptable): 1930 SAN MARCO BLVD  
 83 SUITE 201  
 84 City: JACKSONVILLE FL 85 Zip Code: 32207

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CONKLIN, GLENN                    | 1.2 NAME  | 200002977532--5   |
| STREET ADDRESS             | 2704 SAFESHELTER DRIVE WEST       | 1.3 STREET ADDRESS                                    | -09/02/99--01090--008   |
| CITY-ST-ZIP                | JACKSONVILLE FL 32225             | 1.4 CITY-ST-ZIP                                       | ***150.00 ***150.00   |
| TITLE                      | <input type="checkbox"/> DELETE   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 2.2 NAME  |   |
| STREET ADDRESS             |                                   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 3.2 NAME  |   |
| STREET ADDRESS             |                                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 4.2 NAME  |   |
| STREET ADDRESS             |                                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 5.2 NAME  |   |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 6.2 NAME  |   |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 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.

SIGNATURE: \_\_\_\_\_ GLENN CONKLIN 8-24-99 (904) 645-9119

CR2E034 (5/99)

**POSTALANNEX<sup>+</sup>**  
*Your Home Office.*

August 27, 1999

To: Sean Toner  
Florida Department of State  
Division of Corporations  
Annual Reports Filings  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: Document # P98000033805

Dear Sean Toner,

We didn't receive this report filing from the U.S. Postal Service until August 20, 1999 (in very poor condition). We managed to salvage the report and are forwarding it now. This was our first year of renewal of this report and were unaware of their release. I don't know when these renewals are usually mailed, but since the deadline is May 1st and this is a "second notice", I'll assume that it was mailed quite some time ago.

After having a discussion with my registered agent (Samuel L. Leprell) he mentioned that I was not the only one of his clients that received late mailings of this filing. He mentioned that many didn't receive them at all.

He advised me to go ahead and send in the annual report and renewal fee to your office directly. We apologize for the tardiness of this report, but we handled it as quickly as we could after receipt. If there is any chance of having the late fee waived we would like to know how to go about it. Your effort and attention would be greatly appreciated.

Sincerely yours,



Glenn Conklin, President  
80/20, Inc., dba PostalAnnex+ #276