

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

DOCUMENT # P98000041955

1. Corporation Name

TECHNOLOGY INTEGRATION GROUP, INC.

Principal Place of Business
432 5TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32250

Mailing Address
432 5TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32250

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

03-08-1999 90049 043 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1998

4. FEL Number

59-351-0062

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 12620-3 BEACH BLVD

2a. Mailing Address

26 12620-3 BEACH BLVD

Suite, Apt. #, etc.

27 SUITE 142

City & State

28 JACKSONVILLE, FL

Zip

29 32246

Country

30 USA

23 JACKSONVILLE, FL

City & State

24 32246

Country

25 USA

9. Name and Address of Current Registered Agent

FERTITTA, PAUL
432 5TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

PAUL FERTITTA

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

12620-3 BEACH BLVD

83

SUITE 142

84

JACKSONVILLE

FL

85 Zip Code

32246

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

PAUL FERTITTA PRESIDENT

2-25-1999

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERTITTA, PAUL
432 5TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32250

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P
PAUL FERTITTA
12620-3 BEACH BLVD SUITE 142
JACKSONVILLE, FL 32246

☒ Change ☐ Addition

☐ Change ☐ Addition

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

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ 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:

PAUL FERTITTA

2-25-1999 (904) 821-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)