

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

0560478

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90017 027 ***150.00

DOCUMENT # **P98000044945**

1. Corporation Name
CO3, INC.



Principal Place of Business
**503 NORTHWEST 19TH LANE
UNIT B
GAINESVILLE FL 33196**

Mailing Address
**503 NORTHWEST 19TH LANE
UNIT B
GAINESVILLE FL 33196**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **1725 GROVE ST**

Suite, Apt. #, etc.

22 City & State

23 **S.F., CA**

24 Zip Country

94117

25

2a. Mailing Address

26 **1725 GROVE ST**

Suite, Apt. #, etc.

27 City & State

28 **S.F., CA**

29 Zip Country

94117

30

3. Date Incorporated or Qualified

05/19/1998

4. FEI Number

05-0838613

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

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **JONES, RICHARD G II**
STREET ADDRESS **503 NORTHWEST 19TH LANE**
CITY-ST-ZIP **GAINESVILLE FL 33196**

TITLE **VD** ☐ DELETE

NAME **DOLD, ALEXIS G**
STREET ADDRESS **503 NORTHWEST 19TH LANE**
CITY-ST-ZIP **GAINESVILLE FL 33196**

TITLE **STD** ☐ DELETE

NAME **ELPHICK, WILLIAM A**
STREET ADDRESS **503 NORTHWEST 19TH LANE**
CITY-ST-ZIP **GAINESVILLE FL 33196**

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 **1725 GROVE ST**
1.4 CITY-ST-ZIP **SF, CA 94117**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **" "**
2.3 STREET ADDRESS **1725 GROVE ST**
2.4 CITY-ST-ZIP **SF, CA 94117**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **" "**
3.3 STREET ADDRESS **1725 GROVE ST**
3.4 CITY-ST-ZIP **SF, CA 94117**

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: **Richard Jones** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/99

Date

Daytime Phone #

CR2E034 (11/98)