

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90043 003 ***150.00

DOCUMENT # **P98000050379**

1. Corporation Name

Flat-Out, Inc.

Principal Place of Business

Mailing Address

**3429 SW 7th Lane
Cape Coral, FL
33991**

**3429 SW 7th Lane
Cape Coral, FL
33991**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/4/98

4. FEI Number

65-0846653

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CSC - Tallahassee
1201 Hays Street
Tallahassee, FL
32301**

81 Name

Jim Barnett

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

3429 SW 7th Lane

83

84 City

Cape Coral

FL

85 Zip Code

33991

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

Jim Barnett

(NOTE: Registered Agent signature required when reinstating)

4/29/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**President / Director
Patrick Barnett
3347 Diamond Knot Circle
Tampa, FL 33607**

1.1 TITLE

☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

2.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

2.2 NAME

CITY-ST-ZIP

2.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

STREET ADDRESS

3.1 TITLE

CITY-ST-ZIP

3.2 NAME

TITLE ☐ DELETE

NAME

3.3 STREET ADDRESS

STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

CITY-ST-ZIP

4.1 TITLE

TITLE ☐ DELETE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

5.1 TITLE

STREET ADDRESS

5.2 NAME

CITY-ST-ZIP

5.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

STREET ADDRESS

6.1 TITLE

CITY-ST-ZIP

6.2 NAME

TITLE ☐ DELETE

NAME

6.3 STREET ADDRESS

STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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

Patrick Barnett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99

289-1096

CR2E034 (1/98)