

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 07, 1999 8:00 am
Secretary of State

05-07-1999 90093 033 ***150.00

DOCUMENT # P98000050455

1. Corporation Name
NEXTECH SOLUTIONS, INC.

Principal Place of Business
10502 SPRING HILL DR
SPRING HILL FL 34609

Mailing Address
10502 SPRING HILL DR
SPRING HILL FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1998

4. FEI Number

59-2517913

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

BASCIANO, FRANK A
10502 SPRING HILL DR
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code
FL 34608

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 Secretary
NAME Delura Kindsfather
STREET ADDRESS 554 Troy Dr
CITY-ST-ZIP Dayton, TN 37321

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME JACK D. WOODALL
1.3 STREET ADDRESS 35 WILKINSON DR.
1.4 CITY-ST-ZIP HANDBURG, PA. 17350

☒ Change ☐ Addition

2.1 TITLE Secretary
2.2 NAME FRANK R. BASCIANO
2.3 STREET ADDRESS 11311 PICKFORD ST.
2.4 CITY-ST-ZIP SPRING HILL, FL 34609

☒ Change ☐ Addition

3.1 TITLE TREASURER
3.2 NAME MICHAEL L. THORPE
3.3 STREET ADDRESS 24125 WESTMINSTER CT.
3.4 CITY-ST-ZIP BROOKVILLE, FL 34601

☒ Change ☐ Addition

4.1 TITLE V.P.
4.2 NAME RICHARD W. HOTAKISS
4.3 STREET ADDRESS 6319 CRANBROOK ST.
4.4 CITY-ST-ZIP SPRING HILL, FL 34606

☒ Change ☐ Addition

5.1 TITLE V.P.
5.2 NAME RONALD W. HOTAKISS
5.3 STREET ADDRESS 15470 MAGGIE RD.
5.4 CITY-ST-ZIP BROOKVILLE, FL 34614

☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

352-

Daytime Phone #

CR2E034 (1/98)

0500432