May 07, 1999 8:00 am Secretary of State

05-07-1999 90020 025 \*\*\*150.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000053248

1. Corporation Name

BRIGHT IDEAS, I	ETG., INC.							
Principal Place of Busine		Mailing Ac	ldress				kill fålåt ålskå trita statt a	1901 1011 1001
601 E. ROSERY ROAD POST OFFICE BOX 1086								
SUITE 4956 CLEARWATER FL 33757-1086				i		·		
LARGO FL 33770						DO NOT WRITE	IN THIS SPACE	
						3. Date Incorporated or Qualifed		
						06/15/1998		
2. Principal Place of Bus	iness	2a, Mailing	Address			4. FEI Nymber	Apr	olied For
21	26	26			59 331416	Not	Applicable	
Suite, Apt. #, etc.	Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired [	\$8.75 A		
22	27				<b>3. 4</b>	Fee Rec		
City & State	City &	City & State			6. Election Campaign Financing	<b>⇒ \$5.00</b> i		
23	28				Trust Fund Contribution	Added to	Fees	
Zip				Coun	itry	8. This corporation owes the current		l
24	25	29	<del></del>			Personal Property Tax.		□No
9, Nam	and Address of Curre	nt Registered A	gent			10. Name and Address of New Reg	Sered Agent	∤
HYNSON, PEGGY SUE 612 S. GREENWOOD AVENUE				L	81 Name 82 Street Addi	ress (P.O. Box Number is Not Accepted)	acto	Ine.
CLEARWATER	FL 33756			Ì	83		0	
					84 City		FL 85 Zip C	ode
11. Pursuant to the provoffice or registered a agent. I am fatorillar v	sions of Sections 607.05(gent, or both in the State with and accept the obligation of the state	ations of Section	n change was aut	inonzed da Statu	ove-named corp by the proporation of the proporatio		4/20/9	7
12.	OFFICERS AF	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE #15	10°- 5	_	DELETE	1.1 7(1)	.E		☐ Change	☐ Addition
NAME DOPE	werm wo	rwa ca			vtE			İ
STREET ADDRESS 601	e. Koser	A39-1-	STT49	STF	REET ADDRESS			}
CITY-ST-ZIP	ED FO	<b>3</b> >>%		1.4 CIT	Y-ST-ZIP			
TITLE			☐ DELETE	2.1 1311	re j		Change	Addition
NAME .				2.2 NA	w/E			Ì
STREET ADDRESS				2.3 STF	REET ADDRESS			[
CITY-ST-ZIP				2. 4 CF	TY-ST-ZIP			
TITLE	☐ DELETE 3.1		3.1 TITI	Æ		☐ Change	Addition	
NAME				3.2 NAJ	ME			
STREET ADDRESS				3.3 STF	REET ADDRESS			}
CITY-ST-ZIP				3.4. ÇIT	Y-ST-ZIP			
TITLE			☐ DELETE	4.1 T/Y	LE		Change	☐ Addition
NAME				4. 2 NA	ME			}
STREET ADDRESS				4.3 STF	REET ADDRESS			
CITY-ST-ZIP					Y-ST-ZIP			
TITLE			DELETE	5.1 TIT			☐ Change	☐ Addition
NAME				5.2 NA				. 1
STREET ADDRESS				5.3 STF	REET ADORESS			
CITY-ST-ZIP				5.4 CIT	Y-ST-ZIP			
TITLE			DELETE	6.1 TIT	LE		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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP