

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
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90100 030 ***150.00

DOCUMENT # P98000057923

1. Corporation Name
SYSTEMS X, INC.

Principal Place of Business
2181 PADDOCK CIRCLE
DUNEDIN FL 34698

Mailing Address
P.O. BOX 3201
PINELLAS PARK FL 33780-3201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1998

4. FEI Number

65-0815690

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

7. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 35246 U.S. HWY 19 N.

Suite, Apt. #, etc.

22 101

City & State

23 PALM HARBOR FL

Zip

Country

24 34684

25 U.S.A

2a. Mailing Address

26 35246 U.S. HWY 19 N

Suite, Apt. #, etc.

27 101

City & State

28 PALM HARBOR FL

Zip

Country

29 34684

30 U.S.A

9. Name and Address of Current Registered Agent

VALENTIN, BRYAN
2181 PADDOCK CIRCLE
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name

KEITH BARBOUR PRES

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

35246 U.S. HWY 19 N. # 101

83

84 City

PALM HARBOR

FL

85 Zip Code

34684

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 *Lucy Balon, R.*

KEITH BARBOUR, PRES.

1-8-99

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 VSD ☐ DELETE
NAME VALENTINE, BRYAN
STREET ADDRESS P.O. BOX 3201
CITY-ST-ZIP PINELLAS PARK FL 33780-3201

TITLE PSD ☐ DELETE
NAME BARBOUR, KEITH
STREET ADDRESS P.O. BOX 3201
CITY-ST-ZIP PINELLAS PARK FL 33780-3201

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 35246 U.S. HWY 19 N. #101
2.4 CITY-ST-ZIP PALM HARBOR, FL 34684

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

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: *Lucy Balon, R.* KEITH BARBOUR, PRES.

1-8-99

813-404-4566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0428131