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

DOCUMENT # P98000060148

DIRECT STRATEGIES, INC.

| | _ |
|---------------------------------|---|
| Principal Place of Business | |
| ON COURT PROMOTICE OF CHIEF ESO | |

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90040 029 ***150.00



| Principal Place of Business Mailing Address | | | | | T TO THE REAL FIRE LEGISL SOUTH SOUTH SOUTH SOUTH SOUTH SOUTH STORY STORY TO THE STREET TO THE STREE | |
|---|--|-------------------------------------|--------------------------------------|---|--|--|
| , | | • | | HITE SEA | | • |
| 301 SOUTH BRONOUGH ST SUITE 650 301 SOUTH BRONOUGH ST TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 | | | | OHE OO | | |
| THE BUILDING | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | 3. Date incorporated or Qualifed |
| | | | | | | 07/07/1998 |
| 2. Principal Pl | ace of Business | 2a. Mailing | Address | | | 4. FEI Number Applied For |
| 21 | | 26 | | | | 59 - 3520378 Not Applicable |
| Suite, Apt. i | ⊭, etc. | Suite, A | pt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 22 | | 27 | | | | |
| City & State | 9 | City & S | State | | | 6. Election Campaign Financing - \$5.00 May Be |
| 23 | | 28 | | Country | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | [| Country | | 8. This corporation owes the current year Intangible Personal Property Tax Yes No |
| 24 | 25 | 29 | 30 | <u>' </u> | | Personal Property Tax. Yes No 10. Name and Address of New Registered Agent |
| - | 9. Name and Address of Curren | t Registered Aţ | Jent | 81 | Name | 10. Haile and Address of Non Hogardisa Agent |
| MER | os, george n Jr | | | | | |
| | BERGER, KIRK & CALDWELL, P. | Α. | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) |
| | SOUTH BRONOUGH ST. SUITE | | | 83 | | |
| | AHASSEE FL 32301 | | | 00 | | |
| 1742 | , a , 100cm , 2 0a00 i | | | 84 | City | FL 85 Zip Code |
| | | 1 007 1500 | Electric Otation | 45 5 | | 1 |
| 11. Pursuant t | to the provisions of Sections 607.0502 egistered agent, or both, in the State (| 2 and 607.1508, of Florida. Such | Florida Statutes, change was auth | tne above orized by | e-named cor the corporat | poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered |
| agent. I ar | n familiar with, and accept the obligat | tions of, Section | 607.0505, Florida | Statutes | | |
| SIGNATURE | | | | | | red when reinstating) DATE |
| | Signature, typed or printed name of registered agen OFFICERS AN | | (NOTE: Re | 13. | nt signature requir | red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | SD | D DIRECTORS | DELETE | 1.1 TITLE | | Change Addition |
| | POOLE, VAN B | | | 1.2 NAME | | |
| NAME | 301 SOUTH BRONOUGH ST S | LITE 650 | | | TADDRESS | |
| STREET ADDRESS | TALLAHASSEE FL 32301 | OIIE OOO | | | | |
| CITY-ST-ZIP | PT | | ☐ DELETE | 1.4 CITY-S 2.1 TITLE | 11-214 | ☐ Change ☐ Addition |
| TITLE | * * | | | 2.2 NAME | | _ , _ |
| NAME | MCKINLEY, WILLIAM T 301 SOUTH BRONOUGH ST SI | LITE CEA | | | 7.4000000 | |
| STREET ADDRESS | | OIIE 630 | | | TADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | | DELETE | 2.4 CITY-S | 51-ZIP | ☐ Change ☐ Addition |
| TITLE | | | - PELLIE | 3.1 TITLE 3.2 NAME | | The second section of the second section of the second section |
| NAME | | | | | T ADDOCCO | |
| STREET ADDRESS | | | | | T ADDRESS | } |
| CITY-ST-ZIP | | | ☐ DELETE | 3.4. CITY-5 | SI-ZIP | Change Addition |
| TITLE | | | C Derete | 4.1 TITLE | | C ourside Dispute |
| NAME | | | | 4.2 NAME | - 1 | |
| STREET ADDRESS | | | | | TADDRESS | |
| CITY-ST-ZIP | | | DELETE | 4.4 CITY-S | II-ZIP | ☐ Change ☐ Addition |
| TITLE | | | C DELETE | 5.1 TITLE 5.2 NAME | | ☐ Silvings ☐ Madellott |
| NAME | | | | | T ADDRESS | |
| STREET ADDRESS | | | | • | - 1 | |
| CITY-ST-ZIP | | | T DELETE | 5.4 CITY-S 6.1 TITLE | 11-ZIP | ☐ Change ☐ Addition |
| TITLE | | | ☐ DELETE | 6.2 NAME | | |
| NAME | | | _ | ŀ | TADDOFOO | |
| STREET ADDRESS | | | | | TADDRESS | |
| CITY-ST-ZIP | | | | 6.4 CITY-S | il-ZIP | |

14. I hereby certify that the information supplied with his 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 eceiver 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

Date