

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
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90006 050 ***150.00

DOCUMENT # P98000065395

1. Corporation Name
AMERITEX TECHNOLOGIES, INC.

Principal Place of Business
1001 RIVERSIDE DR STE 222
PALMETTO FL 34221

Mailing Address
1001 RIVERSIDE DR STE 222
PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/27/1998

4. FEI Number
65-0861070

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
21 6408 Parkland Dr.
Suite, Apt. #, etc.
Suite 101

2a. Mailing Address
26 6408 Parkland Dr.
Suite, Apt. #, etc.
Suite 101

23 City & State
Sarasota FL

28 City & State
Sarasota FL

24 Zip Country
34243 Sarasota

29 Zip Country
34243 Sarasota

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLALOCK LANDERS WALTERS AND VOGLER PA
802-11TH STREET WEST
BRADENTON FL 34205

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ 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

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 President ☐ Change ☒ Addition
1.2 NAME Donald Zirkebach
1.3 STREET ADDRESS 6408 Parkland Dr. Suite 101
1.4 CITY-ST-ZIP Sarasota, FL 34243

2.1 TITLE Vice President Engineering ☐ Change ☒ Addition
2.2 NAME Dennis Parnishe
2.3 STREET ADDRESS 6408 Parkland Dr Suite 101
2.4 CITY-ST-ZIP Sarasota, FL 34243

3.1 TITLE Vice President Operations ☐ Change ☒ Addition
3.2 NAME Brian Daniels
3.3 STREET ADDRESS 6408 Parkland Drive Suite 101
3.4 CITY-ST-ZIP Sarasota, FL 34243

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-99

941-751-6131

CR2E034 (11/98)