1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000070841

1, Corporation Name

CIRCLE EIGHT, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90003 003 ***150.00



the state of the s			_			
Principal Place of Business	Mailing Address					
2122 PARK ST. N 2122 PARK ST. N				İ		
T. PETERSBURG FL 33710	ST. PETERSBURG FL 33710				DO NOT WRITE IN THIS S	PACE
				:	3. Date Incorporated or Qualifed 08/10/1998	
2. Principal Place of Business	2a. Mailing Address				4. FEI Number Applied For	
26					59-3526264	Not Applicable
Suite, Apt. #, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Zip Country		This corporation owes the current year Intar Personal Property Tax.	ngible □ Yes □ No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
			81	Name		
Card, Robert W 2122 Park St. N		82				
ST. PETERSBURG FL 33710						83
			84	City	· FL	85 Zip Code

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) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition PID □ DELETE 1.1 TITLE TITLE ROBERT CARD 1.2 NAME NAME PARK 51. N 1.3 STREET ADDRESS STREET ADDRESS 2122 33710 PETERSBURG 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition TITLE . 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not certify 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 use 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 entrustee 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)