


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

02-22-1999 90123 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000084259

1. Corporation Name

THE BLIND SPOT, INC

Principal Place of Business

1356 DORCHESTER ST
PORT CHARLOTTE FL 33952

Mailing Address

1356 DORCHESTER ST
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1998

4. FEI Number

65-0868848

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 1312 Market Circle

Suite, Apt. #, etc.

22 Unit 9

City & State

23 Port Charlotte FL

Zip

24 33953

Country

25 Charlotte

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

TOTO, JOSEPH
1356 DORCHESTER ST
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

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 **President Joseph Toto**
STREET ADDRESS **1356 DORCHESTER ST.**
CITY-ST-ZIP **Port Charlotte, FL 33952-2512**

TITLE ☐ DELETE
NAME **Treasurer Sheila A. Toto**
STREET ADDRESS **1356 DORCHESTER ST.**
CITY-ST-ZIP **Port Charlotte, FL 33952-2512**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
2.4 CITY-ST-ZIP

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: Joseph Toto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-99 **743-26-46**
Date Daytime Phone #

CR2E034 (1/98)