

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 # P98000084903

1. Corporation Name

CYBER NEXUS, INC.

Principal Place of Business

**808 NORTH RUTH AVENUE
LAKELAND FL 33849**

Mailing Address

**POST OFFICE BOX 313
KATHLEEN FL 33849**

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90141 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1998

4. FEI Number

59 3537429

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

21 207 East Main Street

2a. Mailing Address

26 207 East Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Lakeland, Florida

City & State

28 Lakeland, Florida

Zip Country

24 33801

25 USA

Zip Country

29 33801

30 USA

9. Name and Address of Current Registered Agent

**LILLY, SCOTT R
115 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

**81 Name
Lilly, Scott R.**

**82 Street Address (P.O. Box Number is Not Acceptable)
2315 Aaron Street**

83

**84 City
Port Charlotte**

FL

**85 Zip Code
33949**

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)

4/22/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
NAME
FREDERICK, WILLIAM J
STREET ADDRESS
808 NORTH RUTH AVENUE
CITY-ST-ZIP
LAKELAND FL 33849**

TITLE ☐ DELETE

**STD
NAME
FREDERICK, LINDA L
STREET ADDRESS
POST OFFICE BOX 313
CITY-ST-ZIP
KATHLEEN FL 33849**

TITLE ☐ DELETE

**D
NAME
FREDERICK, VIRGIL M JR.
STREET ADDRESS
POST OFFICE BOX 313
CITY-ST-ZIP
KATHLEEN FL 33849**

TITLE ☒ DELETE

**V
NAME
FREDERICK, DANIELLE
STREET ADDRESS
808 NORTH RUTH AVENUE
CITY-ST-ZIP
LAKELAND FL 33849**

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

**PD
NAME
Frederick, William J.
1.2 NAME
1.3 STREET ADDRESS
207 East Main Street, Lakeland, FL 33801
1.4 CITY-ST-ZIP**

2.1 TITLE ☒ Change ☐ Addition

**STDV
NAME
Frederick, Linda L
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:

Linda L. Frederick Sec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
Date

Daytime Phone #

CR2E034 (11/98)

0436504