

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90113 024 ***150.00

DOCUMENT # P98000085838

1. Corporation Name

NAME THAT COMPUTER, INC.

Principal Place of Business

13091 92ND ST. N
LARGO FL 33773

Mailing Address

13091 92ND ST. N
LARGO FL 33773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1998

4. FEI Number

59-3545127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 24946 OVERSEAS HWY
Suite, Apt. #, etc.

22 5-B

City & State

23 SUMMERLAND KEY FL

Zip

24 33042

Country

25 USA

2a. Mailing Address

26 P.O. Box 420912
Suite, Apt. #, etc.

27

City & State

28 SUMMERLAND KEY FL

Zip

29 33042

Country

30 USA

9. Name and Address of Current Registered Agent

WESLEY, DAVID SCOTT
13091 92ND ST. N
LARGO FL 33773

10. Name and Address of New Registered Agent

81 Name

WESLEY, DAVID SCOTT

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

183 BLACKBEARD ROAD

83

84 City

LITTLE TORCH KEY FL

85 Zip Code

33042

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

David S. Wesley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

WESLEY, DAVID SCOTT-P ☐ Change ☒ Addition

1.2 NAME

183 BLACKBEARD ROAD

1.3 STREET ADDRESS

LITTLE TORCH KEY FL 33042

1.4 CITY-ST-ZIP

2.1 TITLE

WESLEY, CAROL-S ☐ Change ☒ Addition

2.2 NAME

183 BLACKBEARD ROAD

2.3 STREET ADDRESS

LITTLE TORCH KEY FL 33042

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:

David S. Wesley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

(305) 872 4209

Daytime Phone #

CR2E034 (11/98)