

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000086427**

1. Corporation Name

INNOVATIVE APPLIED SCIENCE, INC.

Principal Place of Business

**5440 BEAUMONT CENTER BLVD. STE 490
TAMPA FL 33634-5287**

Mailing Address

**5440 BEAUMONT CENTER BLVD. STE 490
TAMPA FL 33634-5287**

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90003 030 ***558.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1998

4. FEI Number

59-3563184

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. ☐ Yes ☒ No

2. Principal Place of Business

21 **7705 ANN BALLARD RD.**

2a. Mailing Address

26 **7705 ANN BALLARD RD.**

Suite, Apt. #, etc.

22 **SUITE 200**

Suite, Apt. #, etc.

27 **SUITE 200**

City & State

23 **TAMPA FL**

City & State

28 **TAMPA FL**

Zip

24 **33634**

Country

25 **U.S.A.**

Zip

29 **33634**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**LESSL, CURT W
4252 ALPINE RD
LAND O'LAKES FL 34639**

10. Name and Address of New Registered Agent

81 Name

LESSL, CURT W

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

7705 ANN BALLARD RD.

83

SUITE 200

84 City

TAMPA

FL

85 Zip Code
33634

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 ☐ Change ☒ Addition

1.2 NAME **P**

1.3 STREET ADDRESS **CURT W. LESSL**

1.4 CITY-ST-ZIP **7705 ANN BALLARD RD.**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **T**

2.3 STREET ADDRESS **MARYN E. BULLINGTON**

2.4 CITY-ST-ZIP **7705 ANN BALLARD RD**

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.

SIGNATURE:

CURT W. LESSL

8/4/99

(813) 880-8911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0089013