

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90218 043 ***150.00

DOCUMENT # P98000091027

1. Corporation Name

YAZIGHMICROBAC, INC.

Principal Place of Business

6407 LENCZYK DR.
JACKSONVILLE FL 32211

Mailing Address

6407 LENCZYK DR.
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1998

4. FEI Number

59-3540384

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 1127 ARLINGTON RD.

Suite, Apt. #, etc.

2a. Mailing Address

26 1127 ARLINGTON RD.

Suite, Apt. #, etc.

City & State

23 JACKSONVILLE, FLORIDA

Zip

24 32211

Country

25 DUVAL

City & State

28 JACKSONVILLE, FLORIDA

Zip

29 32211

Country

30 DUVAL

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 PRESIDENT ☐ DELETE

NAME J. TREVOR BOYCE
STREET ADDRESS 2807 BUILD AMERICA DR.
CITY-ST-ZIP NEWPORT NEWS, VA 23666

TITLE VICE PRESIDENT ☐ DELETE

NAME ADNAN EL-YAZIGI
STREET ADDRESS 6407 LENCZYK DR.
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32277

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 PRESIDENT ☒ Change ☐ Addition

1.2 NAME ADNAN EL-YAZIGI
1.3 STREET ADDRESS 12555 MISSION HILLS CIR. N.
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32225

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition

2.2 NAME J. TREVOR BOYCE
2.3 STREET ADDRESS 2807 BUILD AMERICA DR.
2.4 CITY-ST-ZIP NEWPORT NEWS, VA 23666

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE SECRETARY ☐ Change ☒ Addition

4.2 NAME IBTISSAM EL-YAZIGI
4.3 STREET ADDRESS 12555 MISSION HILLS CIR. N.
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32225

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ADNAN EL-YAZIGI 04/16/99 (904) 727-7878

Date

Daytime Phone #

CR2E034 (1/198)