

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 90231 032 ***150.00

DOCUMENT # P98000091317

1. Corporation Name

MOISTURE ABATEMENT TECHNOLOGIES, INC.

Principal Place of Business

767 BLANDING BLVD. SUITE 110-B
ORANGE PARK FL 32065

Mailing Address

767 BLANDING BLVD. SUITE 110-B
ORANGE PARK FL 32065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1998

4. FEI Number

59-3541383

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 1475 EDGEWOOD CIRCLE

Suite, Apt. #, etc.

22 JACKSONVILLE, FL

23 Zip Country

24 32205 25 B

2a. Mailing Address

26 1475 EDGEWOOD CIRCLE

Suite, Apt. #, etc.

27 JACKSONVILLE, FL

28 Zip Country

29 32205 30

9. Name and Address of Current Registered Agent

HALL, GEORGE H
767 BLANDING BLVD. SUITE 110-B
ORANGE PARK FL 32065

10. Name and Address of New Registered Agent

81 Name ROBERT D. HEARNE

82 Street Address (P.O. Box Number is Not Acceptable)
1475 EDGEWOOD CIRCLE

83

84 City JACKSONVILLE, FL

85 Zip Code 32205

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

Robert D. Hearne

Robert D. Hearne

4/14/99

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 NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.2 NAME STREET ADDRESS CITY-ST-ZIP

1.3 STREET ADDRESS CITY-ST-ZIP

1.4 CITY-ST-ZIP

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.2 NAME STREET ADDRESS CITY-ST-ZIP

2.3 STREET ADDRESS CITY-ST-ZIP

2.4 CITY-ST-ZIP

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.2 NAME STREET ADDRESS CITY-ST-ZIP

3.3 STREET ADDRESS CITY-ST-ZIP

3.4 CITY-ST-ZIP

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.2 NAME STREET ADDRESS CITY-ST-ZIP

4.3 STREET ADDRESS CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.2 NAME STREET ADDRESS CITY-ST-ZIP

5.3 STREET ADDRESS CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.2 NAME STREET ADDRESS CITY-ST-ZIP

6.3 STREET ADDRESS CITY-ST-ZIP

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:

Robert D. Hearne

4/14/99

904-876-7140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)