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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000091317

1, Corporation Name

MOISTURE ABATEMENT TECHNOLOGIES, INC.

Pri	incip	ai Place	of Bu	siness

Mailing Address

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90231 032 ***150.00



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67 BLANDING RANGE PARK	8LVD. SUITE 110-B	767 BLANDING BLVD. SUITE 110-B ORANGE PARK FL 32065]				
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					Date Incorpor				
					10/26/1998	3			
2. Principal Pi	Place of Business	2a. Mailing Address			4. FEI Number			A	pplied For
1475	EDGEWOOD CRCLE	26 1475 E04E	NOOD	CIRCU	59-35	41383			lot Applicable
Suite, Apt.		Suite, Apt. #, etc.	_		5. Certificate of S	tatus Desired			Additional
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City & State	(e	City & State			6. Election Camp	paign Financing		\$5.00) мау Ве
JACKS	EON VILLE, FL	28 JACKSONVILL	E.F	4	Trust Fund Co	ontribution		Added	to Fees
Zip	Country	Zip	Co	untry	8. This corporati	on owes the curre	ent year Inta	angible	
3220	25 😰	29 32205	30	_	Personal Prop	erty Tax.		☐ Yes	≥ No
	9. Name and Address of Current				10. Name and A	ddress of New Re	egistered /	Agent	
		_		81 Name	Robert D	HEARN	8		
	L, GEORGE H			82 Street	Address (P.O. Box Numb				
767 I	BLANDING BLVD. SUITE 110-B					D CIRCLE	ole)		
ORAI	NGE PARK FL 32065			83	7				
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				84 City 7	ACKSONVILLE,	£	FL	85 J	Code 2205
	to the provisions of Sections 607.0502	and CO7 4EOO Elected Chatte	too tho	hous parad	corporation submits this	statement for the I			
office or n	registered agent, or both, in the State of	if Florida. Such change was a	authorize	a by the corp	oration's board of director	s. I hereby accept	t the appoir	ntment as i	egistered
agent. I a	am femiliar with, and accept the obligation	ons of, Section 607.0505, Flo	orida Sta	tutes.			1. 1.		
SIGNATURE	Robert D. Hearn	- Robert	<i>D</i> .	HENNNE	/	<i></i> //	14199	, 	
<u> </u>	Signature, typed or printed name of registered agent a				equired when reinstating)		DATE	D DIDEOT	ODC III 42
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Interest 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: