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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000097082

1. Corporation Name

ROSSBY WEATHER SERVICES, IN	IC.				
Principal Place of Business	Mailing Address		1 (00)(10) (10) (10) (10) (10) (10) (10)	\$1 1961 40 0 (Bits 119) (S	
701 E. PARK AVE UNIT 1 TALLAHASSEE FL 32301	P.O. BOX 6257 Tallahassee FL 32314-625	7	DO NOT WRITE IN THIS	SPACE	
			Date Incorporated or Qualifed 11/18/1998		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		59-3543191	Not Applicat	ble
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22	27		5. Certifcate of Status Desired	Fee Required	
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip	Country	8. This corporation owes the current year Int.	angible	
24 25		10	Personal Property Tax.	¥Yes □No	
9. Name and Address of Curr			10. Name and Address of New Registered	Agent	
		81 Name			- }
BENTON, RICHARD E		20 00 10	I (D.C. Day Number is Not Assertable)		\dashv
1415 E. PIEDMONT DR., STE. 4		82 Street Adda	fress (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32312		83	a - Table 1		
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•		84 City	FL	85 Zip Code	
office or registered agent, or both, in the Sta agent. I am familia) with, and accept the obli	ite of Florida. Such change was autigations of, Section 607.0505, Florid	s, the above-named corp thorized by the corporation da Statutes.	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changing its registere	d)
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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 one an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Change

☐ Addition