

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  
May 19, 1999 8:00 am  
Secretary of State

05-19-1999 90005 001 \*1,050.00

DOCUMENT # P98000106776

1. Corporation Name

NATIONWIDE TEAM SALES, INC.



Principal Place of Business

4701 WEST HILLSBOROUGH AVE.  
TAMPA FL 33614

Mailing Address

4701 WEST HILLSBOROUGH AVE.  
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1998

4. FEI Number

59-3548088

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TIMCHAK, LOUIS J JR.  
4701 WEST HILLSBOROUGH AVE.  
TAMPA FL 33614

81 Name

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

83

84 City

FL

85 Zip Code

Corporation Service Company  
1201 Nays St  
Tallahassee FL 32301-2505

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

*Laura R. Dunlap*

Laura R. Dunlap, as agent

4-29-99

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 D ☒ DELETE  
NAME BUSH, JACK E  
STREET ADDRESS 4701 WEST HILLSBOROUGH AVE.  
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☐ DELETE  
NAME FLOUM, ROBERT  
STREET ADDRESS 4701 WEST HILLSBOROUGH AVE.  
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☒ DELETE  
NAME SPRINGER, RAYMOND P  
STREET ADDRESS 4701 WEST HILLSBOROUGH AVE.  
CITY-ST-ZIP TAMPA FL 33614

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 Pres ☐ Change ☒ Addition  
1.2 NAME Cliff Epstein  
1.3 STREET ADDRESS same  
1.4 CITY-ST-ZIP

2.1 TITLE VP, D ☒ Change ☐ Addition  
2.2 NAME Robert Floum  
2.3 STREET ADDRESS same  
2.4 CITY-ST-ZIP

3.1 TITLE VP ☐ Change ☒ Addition  
3.2 NAME George W Martz Jr  
3.3 STREET ADDRESS same  
3.4 CITY-ST-ZIP

4.1 TITLE VP, CFO, Treas ☐ Change ☒ Addition  
4.2 NAME Jerry Kollar  
4.3 STREET ADDRESS same  
4.4 CITY-ST-ZIP

5.1 TITLE Sec ☐ Change ☒ Addition  
5.2 NAME Michael Denning  
5.3 STREET ADDRESS same  
5.4 CITY-ST-ZIP

6.1 TITLE Asst Sec ☐ Change ☒ Addition  
6.2 NAME Julie Hicks  
6.3 STREET ADDRESS same  
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:

*Laura R. Dunlap*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)