

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 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90221 029 \*\*\*158.75

DOCUMENT #

1. Corporation Name - SYMBIC ENTERPRISES INC.

Principal Place of Business

1578 TROPIC PARK DR.  
SANFORD, FL  
32773

Mailing Address

PMB-460 - 478 E. ALTAMONTE DR.  
ALTAMONTE SPRINGS, FL  
32701

C0080951

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1578 TROPIC PARK DR.  
Suite, Apt. #, etc.

2a. Mailing Address

PMB-460 478 E. DR.  
Suite, Apt. #, etc.

City & State

SANFORD, FLORIDA

Zip Country

32773 USA

27. SUITE 108

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

30. USA

3. Date Incorporated or Qualified

JULY 13, 1999

4. FEI Number

59-3588754

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

FRANK L. THOMPSON  
179 BRUSHCREEK DR.  
SANFORD, FL  
32771

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)

4/23/00

DATE

12. OFFICERS AND DIRECTORS

TITLE P PRESIDENT. ☐ DELETE

NAME FRANK L. THOMPSON  
STREET ADDRESS 179 BRUSHCREEK DR.  
CITY-ST-ZIP SANFORD, FL 32771

TITLE V VICE PRESIDENT. ☐ DELETE

NAME FRANK L. THOMPSON  
STREET ADDRESS 179 BRUSHCREEK DR.  
CITY-ST-ZIP SANFORD, FL 32771

TITLE T TRACY A. THOMPSON ☐ DELETE

NAME TREASURER  
STREET ADDRESS 179 BRUSHCREEK DR.  
CITY-ST-ZIP SANFORD, FL 32771

TITLE S SECRETARY ☐ DELETE

NAME TRACY A. THOMPSON  
STREET ADDRESS 179 BRUSHCREEK DR.  
CITY-ST-ZIP SANFORD, FL 32771

TITLE D FRANK L. THOMPSON ☐ DELETE

NAME 179 BRUSHCREEK DR.  
STREET ADDRESS SANFORD, FL  
CITY-ST-ZIP 32771

TITLE C CHAIRMAN ☐ DELETE

NAME FRANK L. THOMPSON  
STREET ADDRESS 179 BRUSHCREEK DR.  
CITY-ST-ZIP SANFORD, FL 32771

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

FRANK THOMPSON

Date

4/23/00

Daytime Phone #

CR2E034 (11/98)