

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

DOCUMENT # **S37865**

1. Corporation Name
CINLIDO, INC.

Principal Place of Business

**448 HARRISON AVE.
PANAMA CITY FL 32401
US**

Mailing Address

**1 EMERALD LAKE DR
PANAMA CITY FL 32407
US**

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90012 050 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1991

4. FEI Number

59-3061220

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

Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

City & State

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**DAVIS, GEORGE E.
1 EMERALD LAKE DR
PANAMA CITY FL 32407**

10. Name and Address of New Registered Agent

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCEO** ☐ DELETE

NAME **DAVIS, DONNA M**
STREET ADDRESS **1 EMERALD LAKE DR**
CITY-ST-ZIP **PANAMA CITY FL 32407**

TITLE **D** ☐ DELETE

NAME **SKINNER, LORNE S.**
STREET ADDRESS **13172 POWAY HILLS DR.**
CITY-ST-ZIP **POWAY CA**

TITLE **D** ☐ DELETE

NAME **FETTIG, ROBERT A.**
STREET ADDRESS **1 EMERALD LAKE DR**
CITY-ST-ZIP **ROSWELL GA 32407**

TITLE **D** ☐ DELETE

NAME **DAVIS, GEORGE E**
STREET ADDRESS **1 EMERALD LAKE DR**
CITY-ST-ZIP **PANAMA CITY FL 32407**

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

☐ 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

**104 FERNWOOD ST.
PANAMA CITY BEACH, FL. 32407**

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**104 FERNWOOD ST
PANAMA CITY BEACH, FL. 32407**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99

(850) 236-8147

Date

Daytime Phone #

CR2E034 (11/98)