

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**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90031 046 \*\*\*158.75

**DOCUMENT # S84609**

1. Corporation Name

**ADVANCED DRYER SYSTEMS, INC.**

Principal Place of Business

**7819 NW 22ND LANE  
GAINESVILLE FL 32605  
US**

Mailing Address

**7819 NW 22ND LN  
GAINESVILLE FL 32605  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/27/1991**

4. FEI Number

**59-3088734**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



**\$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

**DINH, KHANH  
7819 NW 22ND LN  
GAINESVILLE FL 32005**

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DINH, KHANH  
7819 NW 22ND LN  
GAINESVILLE FL 32605**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPST  
DINH, GIANG  
1375 HOLLOWAY AVE  
SAN FRANCISCO CA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CARMENAS, CONRADO  
2002 NW 57TH TERRACE  
GAINESVILLE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOLTON, JOSEPH  
2351 SW 27TH AVE  
GAINESVILLE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CARLSON, EARL  
8225 SW 39TH PLACE  
GAINESVILLE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

**4/18/99 (904) 462-3464**

CR2E034 (1/98)