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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # V10042



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90042 021 \*\*\*150.00

3-D SERVICES OF PINELLAS, INC. Mailing Address Principal Place of Business 1335 S. MISSOURI AVENUE 1335 S. MISSOURI AVENUE CLEARWATER FL 34616 CLEARWATER FL 34616 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 01/27/1992 4 FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-3107148 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Country Zip Zip □No 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent EDWARDS, DARRYL J 82 Street Address (P.O. Box Number is Not Acceptable) 1335 S. MISSOURI AVE. **CLEARWATER FL 34616** 83 85 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE πιε EDWARDS, DARRY J. 1.2 NAME NAME 1335 S. MISSOURI AVE 1.3 STREET ADDRESS STREET ADORESS CLEARWATER FL 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE 7TLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/99 727-446-Date Dayline Progriss 5 CR2E034 (11/98)