

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, 1999 8:00 am  
Secretary of State

05-04-1999 90109 048 \*\*\*150.00

DOCUMENT # V37139

1. Corporation Name  
MSRB-IHB, INC.

Principal Place of Business  
862 HAWKSBILL IS. DR.  
SATELLITE BEACH FL 32937

Mailing Address  
862 HAWKSBILL IS. DR.  
SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1992

4. FEI Number  
59-3125008

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

2. Principal Place of Business

21 1810 LONG IRON DR.

2a. Mailing Address

26 1810 LONG IRON DR.

Suite, Apt. #, etc.

22 #308

Suite, Apt. #, etc.

27 #308

City & State

23 VIERA FL

City & State

28 VIERA, FL

Zip

24 32955

Country

25 US

Zip

29 32955

Country

30 US

9. Name and Address of Current Registered Agent

WAGNER, WILLIAM E.  
862 HAWKSBILL IS. DR.  
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name MISSY HONEYCUTT  
82 Street Address (P.O. Box Number is Not Acceptable)  
1810 LONG IRON DR.  
83 #308  
84 City VIERA FL 85 Zip Code 32955

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 607.0506, Florida Statutes.

SIGNATURE

MISSY HONEYCUTT MISSY HONEYCUTT, VT 3/24/99

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	WAGNER, WILLIAM E.	
STREET ADDRESS	862 HAWKSBILL IS. DR.	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WAGNER, CALLENE D	
STREET ADDRESS	862 HAWKSBILL ISLAND DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAWRENCE WH BLUNK	
1.3 STREET ADDRESS	1810 LONG IRON DR. #308	
1.4 CITY-ST-ZIP	VIERA, FL 32955	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PATRICK A. TUBBS	
2.3 STREET ADDRESS	1304 AVALON DRIVE	
2.4 CITY-ST-ZIP	BOCKLEDGE, FL 32955	
3.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MISSY D. HONEYCUTT	
3.3 STREET ADDRESS	1810 LONG IRON DR. #308	
3.4 CITY-ST-ZIP	VIERA, FL 32955	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MISSY HONEYCUTT

3/24/99

407-633-4802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0114267

CR2E034 (11/98)