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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90124 010 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V63843

1. Corporation Name
ENDO-TECH, LTD. INC.

Principal Place of Business

**4040 NINE MCFARLAND
#800
ALPHARETTA GA 30201
US**

Mailing Address

**4040 NINE MCFARLAND
#800
ALPHARETTA GA 30201
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1992

4. FEI Number

59-3146598

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 ISO CHRISTA COURT

2a. Mailing Address

26 "SAME AS LEFT"

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 BALL GROUND GA.

City & State

27

Zip

24 30107

Country

25 USA.

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**JACOBSON, DUANE
174 S COLLIER BLVD
#305
MARCO ISLAND FL 34145**

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 **CV** ☐ DELETE
NAME **JACOBSON, KIRK A.**
STREET ADDRESS **3334 NE HOLLY CREEK DR**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **D** ☐ DELETE
NAME **JACOBSON, KIRK A.**
STREET ADDRESS **3334 NE HOLLY CREEK DR**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **PST** ☐ DELETE
NAME **LUSBY, TIM B**
STREET ADDRESS **2235 LANSLOWNE DR**
CITY-ST-ZIP **CANTON GA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **SV** ☐ Change ☒ Addition
1.2 NAME **PERRY D. LEONOR**
1.3 STREET ADDRESS **4964 Boulders Rd.**
1.4 CITY-ST-ZIP **Ellenwood, GA. 30087**

2.1 TITLE **T** ☐ Change ☒ Addition
2.2 NAME **ROGER W. LUSBY III**
2.3 STREET ADDRESS **5604 Bahia Mar Circle**
2.4 CITY-ST-ZIP **Stone Mtn., GA. 30087**

3.1 TITLE **P** ☒ Change ☐ Addition
3.2 NAME **TIM B. LUSBY**
3.3 STREET ADDRESS **2235 LANSLOWNE DR.**
3.4 CITY-ST-ZIP **CANTON, GA. 30115**

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

Date

Daytime Phone #

1/22/99 (770) 704-0843

CR2E034 (11/98)