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PROFIT CORPORATION -ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 671468

SUTTON ENGINEERING SERVICES, INC.

,			
Principal Place of Business		Mailing Address	
1797 SANTA BARBARA DR. DUNEDIN FL 34698 US		1797 SANTA BARBARA DR. DUNEDIN FL 34698 US	

FILED Jan 25, 1999 8:00am **Secretary of State**

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Principal Place	e of Business	Mailing Address				- '\ 	IIFE E ngl et fi n st black o er n)	 	110)1 01015 1001
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DUNEDIN FL 34		DUNEDIN FL 34698								
US		US					DO NOT WRITE	E IN THIS S	PACE	
		•				3. Date incorpo 05/28/198	rated or Qualifed	_		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Ap	plied For
21		26				59-20001	10			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of	Status Desired		\$8.75 / Fee Re	
City & Stat	e	City & State				6. Election Cam	paign Financing	П	\$5.00	May Be
23	• • • • •	- 28				Trust Fund C	ontribution	□	- Added 1	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporat	tion owes the curre	nt year Intan	gible	_
24	25	29	30			Personal Pro	perty Tax.	· [☐ Yes	□No
	9. Name and Address of Current	Registered Agent		<u> </u>		10. Name and A	ddress of New Re	gistered A	gent	
ODE	US CALLO			81	Name					
S 8.0	DLEY, MARCELLA C AW OFFICE OF S. CURTIS KISER			82	Street Addre	ess (P.O. Box Numb	ber is Not Acceptab	le)		in and a man of days
	B BAYSHORE BLVD.			83		1617	1/40 福州州	1. N. 1.	17.7. 3.3.5	
DUN	IEDIN FL 34698	•					<u>ं जैसी इन्द्रेर वर्षण</u>	1 4 1 - 4 - 2 4	13 3 - \$134 : 	4.4 6.22 (82)
٠.				84	City			FL	85 Zip (Lode
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	and 607.1508, Florida Statute f Florida: Such change was au ons of, Section 607.0505, Flori	s, the al thorized ida Stati	bove- I by ti utes.	-named corpo the corporation	oration submits this n's board of directo	statement for the p rs. I hereby accept	urpose of cl the appoint	nanging its ment as re	registered gistered
SIGNATURE	•					25 Table 1	* + 4 335 × 7 256 3	巴斯 海 色	3.	
SIGNATURE	Signature, typed or printed name of registered agent	The state of the s		Agent	signature required	when reinstating)	51 - 2435 - 1 4251 13	DATE	* 3	<u>lix lahi</u> nh
	LYTUS INTERNET OFFICERS AND	DIRECTORS	13.		signature required	ADDITIONS/C	HANGES TO OFFI	CERS AND		
	D 30 D AND AND OFFICERS AND	The state of the s			signature required	*		CERS AND	DIRECTO	DRS IN 12
1250 44.75	D TUTHILL, ALLEN F	DIRECTORS	13.	TLE	signature required	ADDITIONS/C		CERS AND		
1257 LLLEY	D TUTHILL, ALLEN F	DIRECTORS	13. 1.1 TII 1.2 N	TLE VME	signature required	ADDITIONS/C		CERS AND		
125 COLUMN TITLE NAME	D TUTHILL, ALLEN F 1703 EMERALD DRIVE CLEARWATER FL 33756	DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI	TLE NME TREET A	ADDRESS	ADDITIONS/C		CERS AND	Change	Addition
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125 SALVA TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUTHILL, ALLEN F 1703 EMERALD DRIVE CLEARWATER FL 33756 D SUTTON, ROBERT P 1797 SANTA BARBARA DR. DUNEDIN FL 34698	D DIRECTORS DELETE DELETE	13. 1.1 TII 12 NA 1.3 ST 1.4 CI 2.1 TII 22 NA 2.3 ST 2.4 CI	TLE TREET A TY-ST- TLE TREET A TREET A TREET A TTY-ST	ADORESS - ZIP ADORESS	ADDITIONS/C		CERS AND	☐ Change	☐ Addition
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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.