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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700004715 (5)

STEALTH PRODUCTION SUPPORT, INC.

FILED Apr 24 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | | 8144 BEILL BBILL | i minit i tää l iil | (B) B) 100 |
|--|---|---|----------------------------|--|----------------|--|---|----------------------------|-----------------------------|
| 8800 WEST LIBBY RD. 8800 WEST LIBBY RD. GROVELAND FL 34736 GROVELAND FL 34736 | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualified | | | ····· |
| <u> </u> | | TA: M # A ## | | | | 09/10/1997 | | ~ | |
| 21 | Place of Business | 2a. Mading Address 26 | 26 | | | 4. FEI Number 59-3423329 | | No | pplied For ot Applicable |
| Suite, Apt. | | Suite, Apt #, etc. | 27 | | | 5. Certificate of Status Desired | | | Additional equired |
| City & State | | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Žip | Country Zip | | Country | | | 8. This corporation owes or has paid the current year Intangible | | | |
| 24 | 4 25 29 | | | | | Personal Property Tax due Jun | al Property Tax due June 30. Yes No and Address of New Registered Agent | | |
| WC | OLFE, LARRY | ent Hegistered Agent | | B1 1 | Name | 10. Name and Address of New H | egistered / | Agent | |
| 200-A JOHN KNOX ROAD | | | L | | | | | | |
| | LLAHASSEE FL 32303-6643 | | [| 82 5 | Street Addres | ss (P.O. Box Number is Not Accepta | ible) | | |
| | | | [1 | 83 | | | | | |
| | | | Ī | 84 (| City | | FL | 85 Zip (| Code |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Stati | utes, the ab | ove-n | named corpor | ration submits this statement for the | nurnose of | changing if | ts registered |
| office or r agent I a | egistered agent, or both, in the Stat m familiar with, and accept the obli | te of Florida. Such change was gations of, Section 607.0505, F | authorized Iorida Statu | by thites. | ne corporation | n's board of directors. I hereby acco | pt the app | ointment as | registered |
| SIGNATURE | | | | | | | | | |
| Signature, tysied or printed name of registered agent and lith if applicable (NOTE 12. OFFICERS AND DIRECTORS | | | | Progistered Agent signature requirements | | ADDITIONS/CHANGES TO OFF | DATE CERS AND | DIRECTOR | |
| TITLE | | | 1.1 7(7) | .ŧ | | ADDITIONAL TO OFF | OLITO AITO | Change | Addition |
| NAME | HEISTER, JON D | | 1.2 NAN | 1.2 NAME | | | | | ļ |
| STREET ADDRESS | 8900 WEST LIBBY RD. | 1.3 STREET ADD | | DRESS | | | | | |
| CITY-ST-ZIP | GROVELAND FL 34736 | | 1.4 CIT | Y-S1-Z | ZIP | | | - | |
| TITLE | | ☐ DELETE | 2 1 TITE | | | | | Change | ☐ Addition |
| NAME | | | 2.2 NAX | | | | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | r | | | |
| CITY-ST-ZIP TITLE | DELETE | | | 2 4 CITY-ST-ZIP 3.1 TITLE | | | | Change | Addition |
| NAME | | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 3.3 STR | 3.3 STREET ADORESS | | | | | |
| CITY-ST-ZIP | | | 3 4. CFT | Y-ST- | ZIP | | | | |
| TITLE | | DELETE | 4.1 TITL | E | | | | Change | Addition |
| NAME | | | 4. 2 NA | ME | | | | | |
| STREET ADDRESS | | | 4.3 STR | EET AD | DRESS | | | | Ì |
| CITY-ST-ZIP | | Drutt | | 4.4 CITY - ST - ZIP | | | | T Channe | 1 4 4 3 9 2 |
| TITLE | | DELETE | 5.1 TiTL | | | | | Change | Addition |
| NAME STREET ADORESS | | | 5.2 NAN 5.3 STR | | DBECC | | | | |
| CITY-ST-ZIP | | | 5.3 S R | | | | | | |
| TITLE | | ☐ DELETE | 61 TITL | | ir. | | | Change | Addition |
| NAME | | | 6.2 NAN | | 1 | | | | |
| STREET ADDRESS | | | 6.3 STR | | DRESS | | | | İ |
| CITY-ST-ZIP | | | 6.4 CiTy | | ľ | | | | |
| | pertify that the information supplied | with this filing does not qualify | | | | ection 119.07(3)(i), Florida Statutes. | I further ce | rtify 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.

SIGNATURE:

JON D. HEISTER

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