FILED

03-09-1999 90022 007 ***150.00

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

DOCUMENT # F9700004715

 Corporation 	Name						
STEALTH PRODUCTION SUPPORT, INC.							
Principal Place of Business Mailing Address						f <u>1800) tibet din (00</u> 1	
8900 WEST LIBBY RD. 8900 WEST LIBBY RD.							
GROVELAND FL 34736 GROVELAND FL 34736					. DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					09/10/1997	ì	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21 26					59-3423329	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				L.E. Codiforto of Status Decired 1.1		75 Additional	
27				5. Certificate of Ottolas Basilion	ee Required		
City & State City & State					6. Election Campaign Financing \$5.00 May Be		
23		28			77007.7 4772	ided to Fees	
Zip			Country		8. This corporation owes the current year Intangible		
24	4 25 29 3 9. Name and Address of Current Registered Agent			0 Personal Property Tax. ☐ Yes ☐ No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	nt Registered Agent	81	Name	To. Halle and Address of New Adgistered Agent		
WOL	FE, LARRY				-1		
200-A JOHN KNOX ROAD			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32303-6643			83	<u></u>			
			84	City	FL 85	Zip Code	
11 Pursuant	to the provisions of Sections 607 05	02 and 607.1508. Florida Statute	s, the above	e-named com	paration submits this statement for the purpose of changi	ng its registered	
office or re	enistered agent or both in the State	of Florida. Such change was au	thorized by	the corporation	on's board of directors. I hereby accept the appointment	as registered	
agent. I ai	m familiar with, and accept the obligi	ations of, Section 607.0505, Flori	ua Statutes	•		l	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE:	Registered Ager	nt signature require	d when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIR		
TITLE	CP □ DELETE 1.1		1.1 TITLE		□ ¢h	ange	
NAME	HEISTER, JON D		1.2 NAME	1.2 NAME			
STREET ADDRESS	I		1.3 STREET	1.3 STREET ADDRESS		1	
CITY-ST-ZIP	GROVELAND FL 34736		1.4 CITY- S	T- ZIP	☐ Change ☐ Addition		
TITLE	☐ DELETE 2.1		2.1 TITLE		□Ch	ange	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	TADDRESS			
CITY-ST-ZIP			2. 4 CITY- S	ST- ZIP		ange Addition	
TITLE			3.1 TITLE		Ch	ange LI Addition (
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	-ZIP DELETE			ST-ZIP		nange	
TITLE		□ oere ie	4.1 TITLE			\$ 9 0	
NAME			4.2 NAME	T ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-S 5.1 TITLE	1-414	Cr	nange Addition	
TITLE NAME			52 NAME				
NAME STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S		·		
TITLE		☐ DELETE	6.1 TITLE	 		nange Addition	
NAME			6.2 NAME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZiP

SIGNATURE:

STREET ADDRESS