FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90076 047 ***150.00

1999 DOCUMENT # F9800006375

SITAL, INC.

Principal	Place	of	Business
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Mailing Address



501 WEST I-44, STE. 360 OKLAHOMA CITY OK 73118		501 WEST I-44, STE. 380 OKLAHOMA CITY OK 73118		DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed	3. Date Incorporated or Qualifed			
					11/17/1998				
Principal Place of Business Za. Mailing Address					4. FEI Number	Ar	oplied For		
21 26				73-1091634	No.	ot Applicable			
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			_	\$8.75	Additional		
22				5. Certifcate of Status Desired	Fee Ro	equired			
City & State City & State				6. Election Campaign Financing	\$5.00	May Be			
23 28					Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible			
24	25	<u></u>	30		Personal Property Tax.	Yes	No		
24	9. Name and Address of Curr				10. Name and Address of New Registere	d Agent			
	Hame and Address of San	one regional rigoria	81	Name					
HENDERSON, FRANKLIN, STARNES & HOLT, P.A.									
	MONROE ST.	J 4 11021, 1 4 4	82	82 Street Address (P.O. Box Number is Not Acceptable)					
	MYERS FL 33901		83						
F1. N	11EH3 FE 33901		03						
			84	City		. 85 Zip	Code		
					F				
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Star in familiar with, and accept the obli-	te of Florida. Such change was au	thorized by	the corp	d corporation submits this statement for the purpose poration's board of directors. I hereby accept the appropriate the community of the commu	ointment as re	egistered		
	Signature, typed or printed name of registered a			t signature	e required when reinstating) DATE	LUG DIDEOT	202 111 42		
12.	OFFICERS /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS				
TITLE	DV	☐ DELETE	1.1 TITLE			Change	Addition		
NAME	NEELY, RALPH		1.2 NAME						
STREET ADDRESS	714 KILLDEER PL.		1.3 STREE	ADDRESS					
CITY-ST-ZIP	NAPLES FL 34108		1.4 CITY-S	T-ZIP	BONITA SPRINCS, FL 34134				
TITLE	DP	☐ DELETE	2.1 TIFLE	•		Change	☐ Addition		
NAME	BERGLUND, JANICE S		2.2 NAME						
STREET ADDRESS	WHITESIDE COVE RD.		2.3 STREET	ADDRESS	s				
1			2.4 CITY- S						
CTTY-ST-ZIP TITLE	D	☐ DELETE	3.1 TITLE	n- U1		Change	☐ Addition		
Ĭ			3.2 NAME						
NAME	NEELY, VIRGINIA G			ADDDCC	\$ 3331 CROSSINGS CT. #204				
STREET ADDRESS	714 KILLDEER PL.		3.3 STREET ADDRES		BONITA SPRINGS, FL 34134				
CITY-ST-ZIP	NAPLES FL 34108	DELETE	3.4. CITY-S	I-ZIP	Solutive Shellers, Let 3 110 1	☐ Change	Addition		
TITLE	ST	DELETE	4.1 TITLE			□ ouguge			
NAME	RICE, NANCY		4.2 NAME						
STREET ADDRESS	Bull pen RD.		4.3 STREET	ADDRESS	S				
CITY-ST-ZIP	CASHIERS NC 28717		4.4 CITY-S	f-21P			—		
ग़ाLE		☐ DELETE	5.1 TITLE			Change	☐ Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS	s				
CITY-ST-ZIP			5.4 CITY-S	T- ZIP					
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS	s				
CITY OF ZIB			6.4 CITY-S	T-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 3 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99 \$3/743-2467