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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H18737 (7)

1. Corporation Name
SELTAR, INC.

Principal Place of Business

1017 N. MAGNOLIA AVE
APT. 1
LONGWOOD FL 32750
US

Mailing Address

P.O. BOX 100011
GAINESVILLE FL 32608
US

2. Principal Place of Business

21 209 S. CENTRAL AVENUE
Suite, Apt. #, etc.

22 City & State
OVIEDO, FL

23 Zip

24 32765-9029

Country

25 US

2a. Mailing Address

26 209 S. CENTRAL AVENUE
Suite, Apt. #, etc.

27 City & State
OVIEDO, FL

28 Zip

29 32765-9029

Country

30 US

3. Date Incorporated or Qualified

08/29/1984

3a. Date of Last Report

04/28/1996

4. FEI Number

59-2635875

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RATCLIFFE, KENNETH D.
111 W. MAGNOLIA AVE #205
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

209 S. CENTRAL AVENUE

83

84 City
OVIEDO

FL

85 Zip Code
32765

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 PST
NAME RATCLIFFE, KENNETH D
STREET ADDRESS 1080 WHISTLING WINDS POINT
CITY-ST-ZIP OVIEDO FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VICE-PRESIDENT
2.2 NAME DONNA L. RATCLIFFE
2.3 STREET ADDRESS 1080 WHISTLING WINDS POINT
2.4 CITY-ST-ZIP OVIEDO, FL 32765

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Kenneth D. Ratcliffe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97

Date

407 365-5292

Daytime Phone

CR2E034 (9/96)