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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Apr 15 1998 8:00am Secretary of State

1998 **DIVISION OF CORPORATIONS** (8)DOCUMENT # H76675 THE SANTEETLAH CORPORATION Principal Place of Business Mailing Address P.O. BOX 120888 P.O. BOX 120888 **CLERMONT FL 34712-0888 CLERMONT FL 34712-0888** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/18/1985 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-2584480 900 Jan Mar Court Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Minneola, F1. 23 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 24 34755 25 Lake 29
9. Name and Address of Current Registered Agent 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 81 WELBORN, JAMES F JR. Name Welborn, James F. Sr.
Street Address (P.O. Box Number is Not Acceptable)
900 Jan Mar Court 13127 LOBLOLLY LANE 82 **CLERMONT FL 32711** 83 84 85 347555 City Minneola 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

STATUTE

S tamy 4 . W. W. manufacture of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITE F 1.1 TITLE Change Addition WELBORN, JAMES F JR. NAME 1.2 NAME CR2E034 13127 LOBLOLLY LANE STREET ADDRESS 1.3 STREET ADDRESS **CLERMONT FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE HALL, NANCY B NAME 2.2 NAME 13836 OMAR STREET STREET ADDRESS 2.3 STREET ADDRESS CLERMONT FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE WELBORN, JAMES F SR. 3.2 NAME NAME 900 JAN MAR COURT STREET ADDRESS 3.3 STREET ADDRESS MINNEOLA FL CITY-ST-2IP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE DELETE ☐ Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filting 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 changes, or on an attachment with an address.

SIGNATURE:

ames J. Willow S.

4-10-98