

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 # J41665

1. Corporation Name
SPATRON TECHNOLOGIES, INC.

Principal Place of Business

285-A NORTH DRIVE
MELBOURNE FL 32934
US

Mailing Address

285-A NORTH DRIVE
MELBOURNE FL 32934
US

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address

25 Suite, Apt. #, etc.
26 City & State
27 Zip Country
28

9. Name and Address of Current Registered Agent

PITTMAN, ROBERT S
285-A NORTH DRIVE
MELBOURNE FL 32934

81 Name

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

83

84 City

FL

85 Zip Code

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	☐ DELETE
NAME	PITTMAN, ROBERT S., JR.	
STREET ADDRESS	285-A N DR	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	VSD	☐ DELETE
NAME	PULLIAM, LARRY	
STREET ADDRESS	285-A N DR	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	C/D	☐ Change ☒ Addition
12 NAME	Pittman, Caroline	
13 STREET ADDRESS	285-A N Drive	
14 CITY-ST-ZIP	Melbourne, FL 32934	☐ Change ☐ Addition
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE:

Robert S. Pittman, Jr. 1/5/99

407-242-1249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #