## 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

## **FILED** Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90042 028 \*\*\*150.00

DOCUMENT # L44718  1. Corporation Name								
	SULTANTS, INC.							
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Principal Place	of Business	М	ailing Address			,		
116 S MONROE	STREET		O. BOX 1391					
SUITE 300 TALLAHASSEE FL 32302 TALLAHASSEE FL 32301 US						DO NOT WRITE IN TH	HIS SPACE	
us Us	rL 32301	00	,			3. Date Incorporated or Qualifed		
						01/24/1990		
2. Principal Pl	ace of Business	2a.	. Mailing Address	_	·	4. FEI Number	A	pplied For
21		26				59-2988241		ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional
22		27						equired
City & State	9	<u> </u>	City & State			6. Election Campaign Financing	•	May Be
23		28	7:_	Cour	te.	Trust Fund Contribution		to Fees
-¬ Zip	Country	-	Zip	30	ıuy	This corporation owes the current year     Personal Property Tax.	Tintangible ☐ Yes	□No
24	9. Name and Address of Curr	29	stored Agent	301	· · · · ·	10. Name and Address of New Register		
	5. Name and Address of Out	ont itegis	stored Agent	_	81 Name		<u> </u>	
STAH	HL, THOMAS W			,		(D.O. B., Markey in Alex Assessable)		
116 S MONROE STREET					82 Street A	ddress (P.O. Box Number is Not Acceptable)		
STE 300				Ì	83			
TALLAHASSEE FL 32301				24 07		os 7in	Code	
					84 City	F	EL  85   Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 6	607.1508, Florida Statu	tes, the at	ove-named co	orporation submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obli	te of Flori	da. Such change was a	autnonzea	by the corpor	ation's board of directors. I hereby accept the ap	pomunem as n	Agistered
•	The state of the s	3	,,					ļ
SIGNATURE	Signature, typed or printed name of registered a	gent and title	if applicable. (NOT	E: Registered	Agent signature req	uired when reinstating) DATE		
	- With the strain of the strai							
12.	, OFFICERS /		ECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	, OFFICERS /			1.5 TIT	1	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
	OFFICERS A D STAHL, THOMAS W		ECTORS	1.1 TIT 1.2 NA	ME	ADDITIONS/CHANGES TO OFFICERS		
TITLE	OFFICERS / D STAHL, THOMAS W. 2033 E. FOREST DR.		ECTORS	1.1 TIT 1.2 NA 1.3 ST	ME REET ADDRESS	ADDITIONS/CHANGES TO OFFICERS		
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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.

SIGNATURE: \_