

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L67505** (2)
1. Corporation Name
PILE TECHNOLOGY, INC.



Principal Place of Business
**1375 W. CHURCH STREET
JACKSONVILLE FL 32204
US**

Mailing Address
**POST OFFICE BOX 2301
JACKSONVILLE FL 32203
US**

3. Date Incorporated or Qualified
04/24/1990

3a. Date of Last Report
05/22/1995

4. FEI Number
59-3023961

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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent

**RICHARD, SADLER II
7595 BAYMEADOWS CIRCLE, WEST
SUITE 2411
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81. Name **Richard SADLER II**
82. Street Address (P.O. Box Number is Not Acceptable)
746 HICKORY MANOR DR.
83. City **Jacksonville** FL 85. Zip Code **32225**

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 **Richard A. SADLER II** *R. Modl* Pres. **S-31-96**
Signature (Typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	SADLER, RICHARD A., II	2001 HODGES BLVD., #1021	JACKSONVILLE FL	<input type="checkbox"/>
V	SADLER, D. ROBERT	10263 WHISPERING FOREST DRIVE, #1314	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	SADLER Richard A II	746 HICKORY MANOR DR.	Jacksonville FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V	SADLER D. ROBERT	1800 The Greens Way #1007	Jacksonville Beach FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. Modl* **Richard A SADLER II** **S/31/96** **9043590878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)