

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **Pile Technology Inc**
Suite, Apt. #, etc.
22 **746 Hickory Manor Dr**
City & State
23 **JACKSONVILLE, FL**
Zip
24 **32225** Country
25 **US**

2a. Mailing Address

26 **Pile Technology Inc**
Suite, Apt. #, etc.
27 **746 Hickory Manor Dr**
City & State
28 **JACKSONVILLE, FL**
Zip
29 **32225** Country
30 **US**

3. Date Incorporated or Qualified

04/24/1990

4. FEI Number

59-3023961

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**RICHARD, SADLER II
746 HICKORY MANOR DR
JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent

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

R. Sadler II - Pres

(NOTE: Registered Agent signature required when reinstating)

4-28-98
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SADLER, RICHARD A., II
746 HICKORY MANOR DR
JACKSONVILLE FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SADLER, D. ROBERT
10100 BAY MEADOWS RD., #209
JACKSONVILLE FL** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**EXECUTIVE V. President
SADLER, DEBRA A.
746 HICKORY MANOR DR.
JACKSONVILLE, FL 32225**

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE *R. Sadler II* **R. A. SADLER II** **7-22-98** **4-28-98** **944-326-1000**

CR2E034 (10/97)