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 # L86123

1. Corporation Name SELSACO, INC.

STREET ADDRESS

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90021 039 ***150.00



			<u> </u>					
Principal Place of Business Mailing Address								
2001 76TH STR		2001 76TH STREET. NORTH		1				
ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33			10		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	, , , , , , , ,		1
		•			07/10/1990			ļ
2 Principal P	lace of Rusiness	2a, Mailing Address			4. FEI Number	Ap	plied For	l
2. Principal Place of Business		26			59-3019613		t Applicable	ĺ
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	-			\$8.75 A		
22		27	¬ '		5. Certifcate of Status Desired	Fee Re	quired	
		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be	1
23		28	28		Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year in	tangible	1	
24	25	29	30		Personal Property Tax.	☐ Yes	₩o	Į
	9. Name and Address of Curre	nt Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered	Agent		7
OF L	LEDC DAVID W		81	Name				
SELLERS, DAVID W.			82	82 Street Address (P.O. Box Number is Not Acceptable)			1	
2001 - 76TH STREET NORTH ST. PETERSBURG FL 33710								Į
31.1			83					İ
	•		84	City		85 Zip (Code	1
					Fl			
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	s, the above	e-named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	f changing its intment as re	registered gistered	
agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	etions of, Section 607.0505, Florid	da Statutes	"	TIS BOOK OF GROOM OF THOUSEN ASSESSED ASSESSED.		9	-
SIGNATURE								{
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Ager	it signature required	when reinstating) DATE			_
12.						NE SIDEOTO	DO 11 42	1 2
		ND DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICERS A			Ş
TITLE	PD		13. 1.1 TITLE			ND DIRECTO	RS IN 12	(44/00
	PD SELLERS, DAVID	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME					024 /44/00
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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.

6.4 CITY-ST-ZIP