

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N16413

Corporation Name

PALM BAY SERTOMA, INC.

Principal Place of Business C/O BENJAMIN Y. SAXON 111 SOUTH SCOTT STREET MELBOURNE FL 32901-1262 Mailing Address

C/O BENJAMIN Y. SAXON 111 SOUTH SCOTT STREET MELBOURNE FL 32901-1262

## FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90072 011 \*\*\*\*61.25



							<del></del> -	
Principal Pl	ace of Business 2a Mailing Address				3. Date Incorporated or Qualifed			
1	26				08/19/1986		Y 15	
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.				4 FEI Number 59-2635661	1	Applicable	
2		27			39 2033001	\$8.75 A		
City_8 State	e _	City & State_			~ Certificate of Status Desired	Fee Re		
3		28	Country	<del></del>	C. Station Committee Statement		·	
Zip	Country	Zip	<b>–</b>	y	6. Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to		
4	25	29 3	01	-	10. Name and Address of New Registered			
	Name and Address of Curren	t Registered Agent	81	Name				
SAXON, BENJAMIN Y.				Street Add	ress (P.O. Box Number is Not Acceptable)			
111 SOUTH SCOTT STREET				-				
MELBOUR	NE FL 32901	•	-	1				
			84	City	FL	85 Zip C	Code	
						changing its	registered	
affina ar r	agistered agent of both in the State	ot Fiorida. Silch change was auc	HOHZOU U	y une conponan	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoin	itment as rec	gistered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 617.0503, Florid	la Statute	S.				
SIGNATURE								
	Signature, typed or printed name of registered ager	<del>-</del>		ent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	
12		ID DIRECTORS	13.	- <del></del>	ADDITIONS/CHANGES TO OFFICERS AN	Change	☐ Addition	
TITLE	· U		1.1 TITLE					
NAME	COATES, JOHN E		1.2 NAME	l				
STREET ADDRESS	P O BOX 100146		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	PALM BAY FL 32910		1.4 CITY-	ST-ZIP		Change	Addition	
TITLE	DT	☐ DELETE	2.1 TITLE			□ cusuge		
NAME	WELLS, KELLY		2.2 NAME					
STREET ADDRESS	1372 ALBERT DR		23 STRE	ET ADDRESS				
CITY-ST-ZIP	MELBOURNE FL 32935		2.4 CITY	-ST-ZiP				
TITLE	VPD DELETE		3 1 TITLE	31 TMLE		Change	☐ Addition	
NAME	HARTMANN, FRED M	·	3 2 NAME					
STREET ADDRESS	3140 HIELD RD		33 STRE	ET ADDRESS				
	MELBOURNE FL 32904		34 CITY	-ST-ZIP				
TITLE			4.1 TITLE			☐ Change	☐ Addition	
•			4 2 NAM	E				
NAME				ET ADDRESS				
STREET ADDRESS	'J		4.4 CITY				<u></u>	
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			Change	Addition	
TITLE			5.2 NAME	- 1				
NAME	1			ET ADDRESS				
STREET ADDRESS	<b>6</b>		5.4 CITY-					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition	
TITLE		↑ néreig	6.2 NAME				_	
NAME								
STREET ADDRESS	6			ET ADORESS				
CITY, ST. ZIP			6.4 CITY-	-ST-ZIP				

14 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 617. 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHNIE. COATES

2/24/99 407-724-5/

Daytime Phone #