

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 04, 1999 8:00 am
Secretary of State

03-04-1999 90136 045 ***150.00

DOCUMENT # P94000012936

1. Corporation Name
S.A.T.T., INC.



Principal Place of Business

16913 LAKESIDE DR.
SUITE 12
MONTVERDE FL 34756

Mailing Address

P.O. BOX 560009
MONTVERDE FL 34756

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1994

4. FEI Number

59-3224992

Applied For

Not Applicable

5. Certificate of Status Desired ☐ Yes ☒ No

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPARD, GERALD L
12935 C.R. 561A
CLERMONT FL 34711

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HARRISON, W. CURTIS
STREET ADDRESS 675 LINDEN ST.
CITY-ST-ZIP CLERMONT FL 34711

☐ DELETE

TITLE D
NAME HARRISON, RUTH P
STREET ADDRESS 675 LINDEN ST.
CITY-ST-ZIP CLERMONT FL 34711

☐ DELETE

TITLE P
NAME SHEPARD, GERALD L
STREET ADDRESS 12935 C.R. 561A
CITY-ST-ZIP CLERMONT FL 34711

☐ DELETE

TITLE V
NAME TWEED, KENNETH I
STREET ADDRESS 38636 C.R. 439
CITY-ST-ZIP EUSTIS FL 32726

☐ DELETE

TITLE S
NAME ALDERMAN, WILLIAM P
STREET ADDRESS 15328 SABLE AVE.
CITY-ST-ZIP GROVELAND FL 34736

☐ DELETE

TITLE T
NAME THOMPSON, CHERYL L
STREET ADDRESS 300 W WASHINGTON ST
CITY-ST-ZIP MINNEOLA FL 34755

☐ DELETE

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Cheryl L Thompson Treasurer

2-11-99

469-3321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)