FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000027841 (3)**

1. Corporation Name
SATER CORPORATION, INC.

Principal Place of Business
3461 BONITA BAY BLVD., STE. 220
BONITA SPRINGS FL 33923

Mailing Address
3461 BONITA BAY BLVD., STE. 220
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified: **04/08/1994**
3a. Date of Last Report: **04/11/1995**

4. FEI Number: **65-0483107** ☐ 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 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 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

SATER, DAN
3461 BONITA BAY BLVD., STE. 220
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 12 Timberland Circle N.
83
84 City Fort Myers **FL** 85 Zip Code 33919

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SATER, DAN**
STREET ADDRESS **3461 BONITA BAY BLVD., STE. 220**
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

TITLE **V** ☐ DELETE
NAME **CRUMPTON, CHARLIE**
STREET ADDRESS **9845 CITADEL LANE #101**
CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE **ST** ☐ DELETE
NAME **SATER, DEBRA**
STREET ADDRESS **12 TIMBERLAND CIRCLE NORTH**
CITY-ST-ZIP **FORT MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE **P/D** ☒ Change ☐ Addition
2 NAME
3 STREET ADDRESS **12 Timberland Circle N.**
4 CITY-ST-ZIP **Fort Myers, Florida 33919**

1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
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1 TITLE ☐ Change ☐ Addition
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4 CITY-ST-ZIP

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2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing 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 added above.

SIGNATURE: _____ 2/22/96 941-495-2106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number