

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 28 AM 7:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000074310 (1)

1. Corporation Name

THE SATELLITE MAN, INC.

Principal Place of Business

1871 WELLS ROAD, #12
ORANGE PARK FL 32073

Mailing Address

P.O. BOX 56924
JACKSONVILLE FL 32241-6924

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

29

Zip

Country

4. FBI Number

59-3272031

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

9. Name and Address of Current Registered Agent

KING, WILLIAM H
1871 WELLS ROAD, #12
ORANGE PARK FL 32073

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

(Signature of person in printed name of registered agent, and the registration)

(Signature of Registered Agent, signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
KING, WILLIAM H
5157 SADDLEHORN DR. SOUTH
JACKSONVILLE FL 32257

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
KING, MARIA V
5157 SADDLEHORN DR. SOUTH
JACKSONVILLE FL 32257

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
CASTILLEJA, DANIEL
5157 SADDLEHORN DR. SOUTH
JACKSONVILLE FL 32257

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
CASTILLEJA, JOEY
936 MACKINAW STREET
JACKSONVILLE FL 32205

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

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 do hereby certify that the information supplied with this filing is voluntarily furnished and claims no liability for the exemption stated in Section 110.07(3)(b), 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:

William H. King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-95 904 2787142
Date Signature