

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90106 045 ***158.75

DOCUMENT # P95000000138

1. Corporation Name
SAYKO CORPORATION

Principal Place of Business
**4555 35TH TERR NORTH
ST PETERSBURG FL 33713
US**

Mailing Address
**4555 35TH TERR NORTH
ST PETERSBURG FL 33713
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1994

4. FEI Number
65-0552557

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

2. Principal Place of Business

21 **5565 64TH Way North**

2a. Mailing Address

26 **5565 64TH Way North**

Suite, Apt. #, etc.

22 **Suite G**

Suite, Apt. #, etc.

27 **Suite G**

City & State

23 **St. Petersburg, FL**

City & State

28 **St. Petersburg, FL**

Zip

24 **33709**

Country

Zip

29 **33709**

Country

30

9. Name and Address of Current Registered Agent

**KADOW, SHARON C
4555 35TH TERR NORTH
ST PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

81 Name **Russell D. Sayce**
82 Street Address (P.O. Box Number is Not Acceptable)
3048 57TH Avenue North
83
84 City **St. Petersburg** **FL** 85 Zip Code **33714**

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

Russell D. Sayce

Russell D. Sayce

4-18-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SAYCE, RUSSEL**
STREET ADDRESS **535 11 AVE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **STD** ☒ DELETE
NAME **KADOW, SHARON C**
STREET ADDRESS **4555 35TH TERR NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **3048 57TH Avenue North**
1.4 CITY-ST-ZIP **St. Petersburg, FL 33714**

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 **ST**
3.3 STREET ADDRESS **David M. Snodgrass**
3.4 CITY-ST-ZIP **1236 Jackson Street North**
St. Petersburg, FL 33705

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 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: *David M. Snodgrass* **David M. Snodgrass** 4/28/99 (727) 547-1152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)