FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000006563**1. Corporation Name

SARTAM INDUSTRIES, INC.

Principal Place	of Business	Mailing Address				,		
116 CORPORATION WAY		116 CORPORATION WAY						
C VEINCE FL 34292 US		C Venice FL 34292 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/23/1995			
21		26			65-0560312		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 ./	Additional	1_	
22		27	27		5. Certificate of Status Desired	Fee Re	equired	١.
City & State		City & State	<u> </u>		6. Election Campaign Financing S5.00 May Be			1
23		28			Trust Fund Contribution	Added		
Zip Country		Zip Country		,	8. This corporation owes the current year Inta	ngible]
		29 30	30		Personal Property Tax.	X Yes	□No	
47	9. Name and Address of Curre				10. Name and Address of New Registered A	gent]
			81	Name				
	LEY, WILLIAM T		82	Etropt Ad	dress (P.O. Box Number is Not Acceptable)			-
702	SARASOTA QUAY		02	Street Ad	dress (P.O. Box Number is Not Acceptable)	. 19	S. S	
SAR	ASOTA FL 34236		83			19,38(2)	3,127113	1
						3 de 3 m - 10 d.		-
			84	City	FI	85 Zip	Code	
dd Gwenned	to the provisions of Sections 607 050	22 and 607 1508 Florida Statutes	the abov	e-named co	rporation submits this statement for the purpose of	hanging its	registered	1
1 Affice or n	enistered agent, or both, in the State	of Florida. Such change was auth	onzea by	tne corpora	tion's board of directors. I hereby accept the appoin	tment as re	gistered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	a Statutes	5.				
SIGNATURE		Alorra D			ired when reinstating) DATE		•	Ι.
40	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ur siðusmin usdn	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTO	DRS-IN 12	13
12.	CEO OFFICERS AI	DELETE	1.1 TITLE			Change	Addition	1 :
TITLE	BRITTAIN, CLETUS E JR	L. Dett. IL	1.2 NAME		10000000000000000000000000000000000000		•	;
NAME	T			T 4 DDDDESS			~	
STREET ADDRESS	320 FRANCISO			TADDRESS				
CITY-ST-ZIP	NORTH PORT FL	☐ DELETE	1.4 CITY-8	ST- Z I P		[] Change	Addition	1 ;
TITLE	C	☐ DELETE	2.1 TITLE		•			
NAME	HOPKINS, JAMES L	Ţ	2.2 NAME					
STREET ADDRESS	3271_SHAM_ROCK		2.3 STREE	TADDRESS	en e			۔ اد
CITY-ST-ZIP	VENICE FL	·	2.4 CITY-	ST-ZIP			T Addition	-
TITLE	of v	☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME	[발생 시설. 오픈데 10 10 10 10 10 10 10 10 10 10 10 10 10		3.2 NAME					
STREET ADDRESS	Partition (A) A最近には、でき		3.3 STREE	TADDRESS	The Control of the Age of	~ 15181 giji	13514914	
CITY-ST-ZIP	1.		3.4. CITY-	ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1	4
TITLE		☐ DELETE	4.1 TITLE		, 11 to 1 智能 編 (4 a 2 解)	Change	Addition	1
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-8	ST-ZIP				1
TITLE		☐ DELETÉ	5.1 TITLE	<u> </u>		Change	Addition	1
NAME			5.2 NAME		* 2 . V *		,	
STREET ADDRESS		ļ	5.3 STREE	T ADDRESS	·			1
CITY-ST-ZIP	rii l		5.4 CITY-8	ST-ZIP				
TITLE	Park or a c	☐ DELETE	6.1 TITLE			☐ Change	Addition	1
NAME	With the same	_	6.2 NAME					
1	Eg. SEg. 1	4		T ADDRESS				
STREET ADDRESS	L	ļ.						1

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90057 022 ***150.00