

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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000042323 (2)

1. Corporation Name

STRATEGIC TRAINING SYSTEMS, INC.

Principal Place of Business

2453 ORLANDO PKWY
~~2453 ORLANDO PKWY~~
ORLANDO FL 32809
US

Mailing Address

2453 ORLANDO PKWY
P.O. BOX 2346
ORLANDO FL 32809
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1995

4. FEI Number

59-3316659

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

TATE, WILLIAM A
2453 ORLANDO CENTRAL PKWY
~~2453 ORLANDO PKWY~~
ORLANDO FL 32809

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

William A. Tate

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

2-5-98

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	TATE, WILLIAM A
STREET ADDRESS	2931 SUMMERFIELD RD
CITY-ST-ZIP	WINTER PARK FL
TITLE	DV
NAME	TATE, JOHN A
STREET ADDRESS	11505 OSPREY POINT BLVD
CITY-ST-ZIP	CLERMONT FL
TITLE	DVS
NAME	JORGENSEN, WILLIAM F
STREET ADDRESS	1041 SHAFFER TRAIL
CITY-ST-ZIP	OVIEDO FL
TITLE	DVT
NAME	MANHIRE, JOHN T
STREET ADDRESS	6124 ST IVES BLVD
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	TATE, HELEN
STREET ADDRESS	2931 SUMMERFIELD RD
CITY-ST-ZIP	WINTER PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Duane Latimer
1.3 STREET ADDRESS	1950 Cove Colony Rd
1.4 CITY-ST-ZIP	Maitland, FL 32751
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE:

Duane Latimer

2/5/98

CR2E034 (10/97)