

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90171 036 ***150.00

DOCUMENT # P95000075630

1. Corporation Name
SELECT SPACE COMPANY

Principal Place of Business
283 N. NORTHLAKE BLVD.
STE. 111
ALTAMONTE SPRINGS FL 32701

Mailing Address
PO BOX 690636
ORLANDO FL 32869-0636

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/27/1995

4. FEI Number
59-3352147

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

2a. Mailing Address

21 120 W Landstreet Rd.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Orlando, Florida

28

24 Zip 32824 Country

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRUITT, CONSTANCE
360 GOLF BROOK CIR.
#202
LONGWOOD FL 32779

81 Name
Constance Pruitt

82 Street Address (P.O. Box Number is Not Acceptable)
6405 Doubletrace Lane

83

84 City
Orlando

85 Zip Code
FL 32819

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME PHILLIPS, DAVID F
STREET ADDRESS 330 GOLF BROOK CIR. #202
CITY-ST-ZIP LONGWOOD FL 32779

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME David F. Phillips
1.3 STREET ADDRESS 2720 Heron Landing Court
1.4 CITY-ST-ZIP Orlando, FL 32837

TITLE VS
NAME PRUITT, CONSTANCE
STREET ADDRESS 360 GOLF BROOK CIR. #202
CITY-ST-ZIP LONGWOOD FL 32779

2.1 TITLE Vice President/Secretary/Treasurer ☒ Change ☐ Addition
2.2 NAME Constance Pruitt
2.3 STREET ADDRESS 6405 Doubletrace Lane
2.4 CITY-ST-ZIP Orlando, FL. 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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:

Constance Pruitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRUITT, CONSTANCE
Vice President/Secretary/Treasurer - 4/23/99 407/255-7768
Date Daytime Phone #

CR2E034 (11/98)