

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000096107 (4)**

1. Corporation Name

**SAIL THROUGH IT, INC.**



Principal Place of Business

Mailing Address

**300 BEACH RD  
APT 205  
TEQUESTA FL 33469  
US**

**PO BOX 2657  
JUPITER FL 33468  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/20/1995**

4. FEI Number

**65-0711579**

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 2445 Lake Vista Court**

Suite, Apt. #, etc.

**22 #109**

City & State

**23 Casselberry FL**

Zip

**24 32707**

Country

**25 USA**

2a. Mailing Address

**26 1000 Holt Ave.**

Suite, Apt. #, etc.

**27 P.O. Box 2024**

City & State

**28 Winter Park FL**

Zip

**29 32789**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**SAYLOR, SHARON  
300 BEACH RD  
APT 205  
TEQUESTA FL 33469**

10. Name and Address of New Registered Agent

81 Name

**SAYLOR SHARON**

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

**2445 LAKE VISTA Court #109**

83

84 City

**Casselberry**

**FL**

85 Zip Code  
**32707**

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

*Sharon Saylor*

*President, director*

*4/1/98*

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 **D** ☐ DELETE

NAME **SAYLOR, SHARON A**  
STREET ADDRESS **300 BEACH RD APT 205**  
CITY-ST-ZIP **TEQUESTA FL**

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **Saylor, Sharon A.**  
1.3 STREET ADDRESS **2445 Lake Vista Court #109**  
1.4 CITY-ST-ZIP **Casselberry FL 32707**

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 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; that 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

*Sharon Saylor*

CR2E034 (10/97)