

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

APPROVED
AND
FILED

00 MAR 23 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION
ANNUAL REPORT
Reinstatement

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000009866 (0)
1. Corporation Name
ST. ANTON CORPORATION

Principal Place of Business
12505 BOYETTE RD.
RIVERVIEW FL 33569

Mailing Address
12505 BOYETTE RD.
RIVERVIEW FL 33569

2. Principal Place of Business
2a. Mailing Address

21 Suite, Apt. #, etc.
26 Suite, Apt. #, etc.

22 City & State
27 City & State

23 Zip
25 Country
29 Zip
30 Country

3. Date Incorporated or Qualified
01/29/1996

4. FEI Number 59-3486026
APPLIED FOR

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

9. Name and Address of Current Registered Agent
PHAM, ANTON
12505 BOYETTE RD.
RIVERVIEW FL 33569

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 *ANTON PHAM* 3/23/00
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 P ☐ DELETE
NAME PHAM, ANTON
STREET ADDRESS 12305 BOYETTE RD
CITY-ST-ZIP RIVERVIEW 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 ☐ Change ☐ Addition
1.2 NAME 800003226058-2
1.3 STREET ADDRESS -04/27/00--01012--007
1.4 CITY-ST-ZIP *****900.00 *****900.00

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME T ANTON PHAM
2.3 STREET ADDRESS 12305 Boyette Rd.
2.4 CITY-ST-ZIP Riverview, FL 33569

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME S ANTON PHAM
3.3 STREET ADDRESS 12305 Boyette Rd.
3.4 CITY-ST-ZIP Riverview, FL 33569

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.

SIGNATURE: *ANTON PHAM* 3/23/00 (813) 293-0821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0364142

CR2E034 (10/97)