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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000058455

S & T INVESTMENTS, INC.

| Principal | Place | of | Business | |
|-----------|-------|----|----------|--|

Mailing Address

P.O. BOX 750

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90064 003 ***158.75



P.O. BOX 750 NICEVILLE FL 32588 NICEVILLE FL 32588 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed <u>07/12/1996</u> Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3396876 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired - -Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Zip **₽**N₀ Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SUTTON, ROY L Street Address (P.O. Box Number is Not Acceptable) 1715 OSCEOLA BAY AVE. NICEVILLE FL 32578 83 City

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 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 of the corporation with and accept the obligations of Section 607.0505. Florida Statutes

| agent. I am familiar with, and accept the obligations of, Section 607.0505, Fibrida Statutes. | | | | | | | | |
|---|---|-----------|---------------------------------|--|--|--|--|--|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Re | gistered Agent signature requir | red when reinstating) | DATE 4 | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. | ADDITIONS/CHANGES TO O | FICERS AND DIRECTORS IN 12 | | | |
| TITLE | | DELETE | 1.1 TITLE | | ☐ Change ☐ Addition | | | |
| NAME | SUTTON, ROY | | 1.2 NAME | | | | | |
| STREET ADDRESS | 1715 OSCEOLA BAY AVE. | | 1.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | NICEVILLE FL 32578 | | 1.4 CITY-ST-ZIP | | | | | |
| TITLE | ST | DELETE | 2.1 TITLE | | ☐ Change ☐ Addition | | | |
| NAME | TAYLOR, DENNIS A | | 2.2 NAME | • | | | | |
| STREET ADDRESS | 7343 ROYAL OAK | | 2.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | SPRINGHILL FL 34607 | | 2.4 CITY-ST-ZIP | <u> </u> | | | | |
| TITLE | - | DELETE | 3.1 TITLE | | ☐ Change ☐ Addition | | | |
| NAME | | | 3.2 NAME | • | | | | |
| STREET ADDRESS | | 1 | 3.3 STREET ADDRESS | the state of the s | 2000年200日 - 1000日 - 1000日 (1000日 - 1000日 | | | |
| CITY-ST-ZJP | · | | 3.4. CITY-ST-ZIP | | The state of the s | | | |
| TITLE | | DELETE | 4.1 TITLE | and the state of t | Change Addition | | | |
| NAME | | | 4, 2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | ļ | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | -1 | ☐ Change ☐ Addition | | | |
| TITLE | | DELETE | 5.1 TITLE | | ☐ Change ☐ Addition | | | |
| NAME . | | | 5.2 NAME | A Company | • | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY+ST-ZIP | | ☐ Change ☐ Addition | | | |
| TITLE | | DELETE | 6.1 TITLE | | C) Charles C) Applicati | | | |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | 4.5 | | 6.4 CITY-ST-ZIP | Casting 440 07/2)(i) Florida Statutos | I further certify that the information | | | |

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 truetee 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: