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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000065294 (6)**

1. Corporation Name
SOAR TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
3900 DUPONT CIR. JACKSONVILLE FL 32205	3900 DUPONT CIR. JACKSONVILLE FL 32205-8308

3. Date Incorporated or Qualified: 08/05/1996
3a. Date of Last Report:

2. Principal Place of Business
21 ~~859 INGLESIDE AVE~~
Suite, Apt. #, etc.
22 3651-1 ST. JOHNS AVE
City & State
23 JACKSONVILLE, FL
Zip 24 32205 Country 25 DUVAL

2a. Mailing Address
26 P.O. Box 37119
Suite, Apt. #, etc.
27
City & State
28 JACKSONVILLE, FL
Zip 29 32236 Country 30 DUVAL

4. FEI Number: 59-3402836 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHAPMAN, DANIEL
3900 DUPONT CIR.
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name: CHAPMAN, DANIEL
82 Street Address (P.O. Box Number is Not Acceptable): 3583 HERSCHEL ST
83
84 City: JACKSONVILLE FL 85 Zip Code: 32205

11. Pursuant to the provisions of Section 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: Daniel Chapman DANIEL CHAPMAN, PRESIDENT 4/9/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DANIEL CHAPMAN	1.2 NAME	
STREET ADDRESS	3583 HERSCHEL ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT ☑ DELETE	2.1 TITLE	VICE PRESIDENT ☐ Change ☑ Addition
NAME	DEBORAH CHAPMAN	2.2 NAME	DAVID PAUL
STREET ADDRESS	3900 DUPONT CIR	2.3 STREET ADDRESS	100 Hassmon Dr
CITY-ST-ZIP	JACKSONVILLE, FL 32205	2.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	☐ DELETE	3.1 TITLE	[redacted] ☐ Change ☒ Addition
NAME	Thom	3.2 NAME	[redacted]
STREET ADDRESS		3.3 STREET ADDRESS	[redacted]
CITY-ST-ZIP		3.4 CITY-ST-ZIP	[redacted]
TITLE	☐ DELETE	4.1 TITLE	TREASURER/SECRETARY ☐ Change ☑ Addition
NAME		4.2 NAME	THOMAS J. CHAPMAN
STREET ADDRESS		4.3 STREET ADDRESS	1821 OAK ST #7
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: Daniel Chapman DANIEL CHAPMAN, PRESIDENT 4/9/97 (904)384-8429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030706