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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075442 (8)

S & T SERVICES, INC.

FILED Mar 11 1998 8:00am Secretary of State

Principal Place of	Businoss	Mailing Address				
3203 GRENADA WAY TAMPA FL 33618		3203 GRENADA WAY TAMPA FL 33618		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2. Principal Place of Business Suite, Apt. #. etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		08/29/1997 4. FEI Number 57 - 300 4095 6. Certificate of Status Desired □	Applied For Not Applicable \$8.75 Additional	
City & State		27 City & State 28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip I	Country 25	Z(p)	Country 30		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 TAMARGO, SANDRA B 3203 GRENADA WAY TAMPA FL 33618			81 Name 82 Street Add	10. Name and Address of New Registered dress (P.O. Box Number is Not Acceptable)	d Agent	
office or regis	stered agent, or both, in the S	05.02 and 607, 1508, Florida Sta State of Florida Such change wa Migations of, Section 607,0505,	s authorize	ed by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ag	85 Zip Code of changing its registered pointment as registered
CICNATURE				- -		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change ☐ Addition 1.1 TITLE TAMARGO, SANDRA B 1.2 NAME NAME 3203 GRENADA WAY

STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33618** 1.4 City-St-ZiP CITY-ST-ZIP DETLLE Change Addition TITLE 2.1 TITLE TAMARGO, ALENA M NAME 2.2 NAME 3203 GRENADA WAY 2.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33618** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition TITLE 3.1 TITLE NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY-ST-2/P CITY-ST-ZIP DELFTE Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 51 TITLE Change ■ Addition TITLE NAME 5 2 NAME

NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 a stage ment with the information of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

3/4/98

962-0940

Change

Addition