

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90148 044 ***158.75

DOCUMENT # P97000078660

1. Corporation Name

T.H. SADLER ENTERPRISES, INC.

Principal Place of Business

812 BRINY
SUITE 108
POMPANO BEACH FL 33062

Mailing Address

5741 S.W. 36TH CT. #102
DAVIE FL 33314
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 502 NW 75 ST.

Suite, Apt. #, etc.

22 SUITE 9

City & State

23 GAINESVILLE, FL.

Zip

24 32607

Country

25 ALACHUA

2a. Mailing Address

26 502 NW 75 ST.

Suite, Apt. #, etc.

27 SUITE 9

City & State

28 GAINESVILLE, FL.

Zip

29 32607

Country

30 ALACHUA

3. Date Incorporated or Qualified

09/11/1997

4. FEI Number

65-0780533

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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 PSTD
NAME SADLER, TIMOTHY H
STREET ADDRESS 5741 S.W. 36TH CT. #102
CITY-ST-ZIP DAVIE FL 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT
1.2 NAME WILLIAM K. SADLER
1.3 STREET ADDRESS 305 NW 80 BLVD.
1.4 CITY-ST-ZIP GAINESVILLE, FL. 32607

2.1 TITLE PSTD
2.2 NAME TIMOTHY H. SADLER
2.3 STREET ADDRESS 502 NW 75 ST. SUITE 9
2.4 CITY-ST-ZIP GAINESVILLE, FL. 32607

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

Timothy H. Sadler
TIMOTHY H. SADLER

Date

Daytime Phone #

2-4-99 352-332-8196

CR2E034 (11/98)