

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
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90006 022 ***158.75

DOCUMENT # P98000076018

1. Corporation Name

SUPERIOR ATLANTIC SERVICES, INC.

Principal Place of Business

2702 MINT DRIVE
ORLANDO FL 32837

Mailing Address

2702 MINT DRIVE
ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1998

4. FEI Number

59-3541878

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

24

25

2a. Mailing Address

P.O. Box 770941
Orlando, FL 32877-0941

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

Country

29 32877-0941

30

USA

9. Name and Address of Current Registered Agent

LYNCH, RICHARD M
2702 MINT DRIVE
ORLANDO FL 32837

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 ☐ 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/T/C/D

☐ Change

☒ Addition

1.2 NAME

Richard M. Lynch

1.3 STREET ADDRESS

2702 Mint Drive

1.4 CITY-ST-ZIP

Orlando, FL 32837

2.1 TITLE

V/S/D

☐ Change

☒ Addition

2.2 NAME

Pamela J. Lynch

2.3 STREET ADDRESS

2702 Mint Drive

2.4 CITY-ST-ZIP

Orlando, FL 32837

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: Richard M. Lynch Richard M. Lynch/President

03/31/99

(407)856-5544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0102947

CR2E034 (11/98)