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Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V35223** (9)
1. Corporation Name
SST INVESTMENTS, INC.



Principal Place of Business: **3404 SW ARCHER ROAD
GAINESVILLE FL 32608
US**
Mailing Address: **8714 S.W. 46TH LANE
GAINESVILLE FL 32608-4137**

3. Date Incorporated or Qualified: **05/06/1992**
3a. Date of Last Report: **05/15/1996**
4. FEI Number: **59-3122435**
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**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business: **21**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**CHRISTMANN, THOMAS G.
527 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent
81 Name: **Stanley H. GIVEN II**
82 Street Address (P.O. Box Number is Not Acceptable): **8714 SW 46th Lane**
83
84 City: **Gainesville, FL** 85 Zip Code: **32608**

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: *Stanley H. Given II* / **Stanley H. Given II, Pres. 1-27-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE: **PSTD** ☐ DELETE
NAME: **GIVEN, STANLEY H II**
STREET ADDRESS: **8714 SW 46TH LANE**
CITY-ST-ZIP: **GAINESVILLE FL**
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: ☐ Change ☐ Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:
2.1 TITLE: ☐ Change ☐ Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE: ☐ Change ☐ Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE: ☐ Change ☐ Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: ☐ Change ☐ Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: ☐ Change ☐ Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

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: *Stanley H. Given II* / **Stanley H. Given II** 1/27/97 352-335-7575
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (9/96)