Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90051 029 \*\*\*150.00

## 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

## DOCUMENT # V65109

1. Corporation Name

SOUTHERN AERIAL LIFT, INC.

Principal Place of Business				Mailing Address				"	s 1861 dillita dital bilat libit abrib libit afait avan aran aran aran
1453 W LANDSTREET RD ORLANDO FL 32824 US			1453 W LANDSTREET ROAD ORLANDO FL 32824 US					DO NOT WRITE IN THIS SPACE	
									3. Date Incorporated or Qualifed 09/18/1992
2. Principal Place of Business				2a.	2a. Mailing Address				4. FEI Number Applied For
21				26	,				<b>59-3141086</b> Not Applicable
Suite, Apt. #, etc.				27	Suite, Apt. #, etc.				5. Certifcate of Status Desired
City & State				1	City & State				6. Election Campaign Financing S5.00 May Be
23				28	<u> </u>				Trust Fund Contribution Added to Fees
Zip	Country 25			29	Zip Cour				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	9. Name and Address of Current Registered Agent				30 j	Γ		10. Name and Address of New Registered Agent	
	D: 110.110 !			···		_	81	Name	
SLATER, RICK 6744 BETH ROAD							Street Add	ress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32824									
							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.	Signature, typed o	or printed i	OFFICERS AND			13.	Agen	t signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P				DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	SLATER, I	RICK				1.2 NA	ME		
STREET ADDRESS	6744 BET					1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	ORLANDO					1.4 CI	TY-S1	r-ZIP	
TITLE	0,12410011				☐ DELETE 2.1 TI				☐ Change ☐ Addition
NAME						2.2 N	ME		
STREET ADDRESS						2.3 \$1	REET	ADDRESS	·
CITY-ST-ZIP	-		-			2.4 C	ΠY-S	T-ZIP	
TIFLE					☐ DELETE	3.1 TI	TLE		Change Addition
NAME						3.2 N	ME	}	•
STREET ADDRESS						3.3 ST	REET	ADDRESS	
C/TY-ST-ZIP						3.4. C	πy-s	T-ZIP	
TITLE				☐ DELETE	4.1 TITLE			☐ Change ☐ Addition }	
NAME						4. 2 N	AME		
STREET ADDRESS						4.3 ST	REET	ADDRESS	
CITY-ST-ZIP					<del> </del>	4.4 CI		T-ZIP	
TITLE					☐ DELETE	5.1 TI			☐ Change ☐ Addition
NAME						5.2 N/			
STREET ADDRESS						5.3 STREET ADDRESS			
CITY-ST-ZIP	1					5.4 CI	TY-S	T-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 pustee empowers 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 or an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

Additio