

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 # V67046

1. Corporation Name

STATE FILING SERVICE, INC.

Principal Place of Business

6210 DRAWDY PARKWAY  
FT. PIERCE FL 34951  
US

Mailing Address

6210 DRAWDY PARKWAY  
FT. PIERCE FL 34951  
US

2. Principal Place of Business

21 4401 REDWOOD DR  
Suite, Apt. #, etc.

2a. Mailing Address

26 4401 REDWOOD DR  
Suite, Apt. #, etc.

City & State

23 FORT PIERCE

City & State

28 FORT PIERCE

Zip

Country

24 34951

Zip

Country

29 34951

30

9. Name and Address of Current Registered Agent

WHEAT, DAVID  
6210 DRAWDY PARKWAY  
FT PIERCE FL 34951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1992

4. FEI Number

65-0359427

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

10. Name and Address of New Registered Agent

81 Name

WHEAT, DAVID

82 Street Address (P.O. Box Number is Not Acceptable)

4401 REDWOOD DRIVE

83

FORT PIERCE

FL 34951

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 P ☐ DELETE

NAME WHEAT, DAVID  
STREET ADDRESS 6210 DRAWDY PARKWAY  
CITY-ST-ZIP FT PIERCE FL 34951

TITLE ST ☐ DELETE

NAME WHEAT, LINDA  
STREET ADDRESS 6210 DRAWDY PARKWAY  
CITY-ST-ZIP FT PIERCE FL 34951

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 ☒ Change ☐ Addition

1.2 NAME

WHEAT, DAVID

1.3 STREET ADDRESS

4401 REDWOOD DRIVE

1.4 CITY-ST-ZIP

FORT PIERCE, FL 34951

2.1 TITLE

ST ☒ Change ☐ Addition

2.2 NAME

WHEAT, LINDA

2.3 STREET ADDRESS

4401 REDWOOD DRIVE

2.4 CITY-ST-ZIP

FORT PIERCE, FL 34951

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID W. WHEAT  
PRES.

1-27-99

Date

561-595-9555

Daytime Phone #

0517045

CR2E034 (1/98)