## 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 # G65230

SIDO, INC.

Principal Place of Business
% SIDNEY C. JONES
2207 SOUTH COMBEE ROAD
LAKELAND FL 33801

Mailing Address

% SIDNEY C. JONES 2207 SOUTH COMBEE ROAD LAKELAND FL 33801

## FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90094 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

FHUEFNIAD LF 3	3001	CHUCCHIND I'L 33001			<u></u>			
					3. Date Incorporated or Qualifed 10/11/1983			
					4. FEI Number	Applied Fo		
2. Principal Pt	ace of Business	2a. Mailing Address			• •			
21		26			59-2328824	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional				
27					Fee Required			
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	e (	
23		28			Trust Fund Contribution	Added to Fees	,	
Zip	Country	Zip	Coun	rv	8. This corporation owes the current year Intangi	ble -3	•	
¬ `		29 30	_	•	Personal Property Tax.			
24	25		"		10. Name and Address of New Registered Age			
	9. Name and Address of Current	Registered Agent		11 Name	10. Name and Padices of Non-Registered Age	<u></u>		
IONI	ES DONNA G		- 1	Name				
JONES, DONNA G.				82 Street Address (P.O. Box Number is Not Acceptable)				
2207 SOUTH COMBEE ROAD			1					
LAKE	ELAND FL 33801			83				
			L			<del></del>		
			[€	4 City	FL 8	5 Zip Code	j	
				<u> </u>		-inglita sociata	rod	
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abo	ove-named co	orporation submits this statement for the purpose of cha ation's board of directors. I hereby accept the appointment	nging its register ant as registered	d d	
agent. I ar	n familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statut	es.	2.0010 00012 07 2.10010.11 111100, 11110, 11110			
-					•		ļ	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	gistered A	gent signature requ	ulred when reinstating) DATE	<del>-</del>	]	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN	12	
TITLE	D	☐ DELETE	1.1 TITL	E 1		Change	Addition	
	JONES, SIDNEY C	<u> </u>	12 NAM	i				
NAME )						•	1	
STREET ADDRESS	2207 S COMBEE RD		1.3 STR	EET ADDRESS		•		
CITY-ST-ZIP	LAKELAND, FL 00000		14 CIT	-ST-ZIP				
TITLE	OP	☐ DELETE	2.1 T/TL	<b></b>		Change	Addition	
NAME	JONES, DONNA G.	,	2.2 NAM	E	,		ĺ	
	2207 SOUTH COMBEE ROAD		23 570	EET ADDRESS			ļ	
STREET ADDRESS	LAKELAND FL							
CITY-ST-ZIP			_	r-ST-ZIP		Change A	Addition	
TITLE	ST	☐ DELETE	3.1 TITL	E	_	Charge^	100111011	
NAME	JONES, JEFFREY R.	l	3.2 NAM	E				
STREET ADDRESS	2207 SOUTH COMBEE ROAD	ļ.	3.3 STR	EET ADDRESS				
CITY-ST-ZIP	LAKELAND FL		3.4. CIT	Y-ST-ZIP				
TITLE	V	☐ DELETE	4.1 TITL			Change A	Addition	
1	JONES, TODD M.		4. 2 NA			•	ĺ	
NAME	6344 NEAMATHLA DR		1		,			
STREET ADDRESS		1		EET ADDRESS	• • • • • • • • • • • • • • • • • • • •			
CITY-ST-ZIP	Lak <b>elan</b> d Fl			-ST-ZIP		-	100	
TITLE		☐ DELETE	5.1 TITL		:	Change 🔲 A	Addition	
NAME		l l	5.2 NAM	E ļ	**		ĺ	
STREET ADDRESS		,	5.3 STR	EET ADDRESS			·	
			5,4 CITY	-ST-ZIP			ļ	
CITY-ST-ZIP		☐ DELETE	61 TITL			Change A	Addition	
TITLE		C Section			,	= · · · · · · · · · · · · · · · · · ·		
NAME			6.2 NAM	1	•	<u>u</u>		
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		l l		-ST-ZIP				
1	11 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	this files does not qualify for th		-454-41	n Section 110 07/3)(i) Florida Statutos I further certify	hat the informat	tion	

4. 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: Joff

AME OF SIGNAL OFFICE OR DIRECTOR

3-4-99 (941)664-1664 Date Dayline Phone # ;R2E034 (11/98)