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 # J15387 1. Corporation Name

STREBOR ASSOCIATES, INC.

Mar 31, 1999 8:00 am Secretary of State 03-31-1999 90058 006 ***150.00



Principal Place	e of Business	Mailing Address					# 1001118 G		4111 (441 4141) 6			
811 S. ROME ST P O BOX 20604 TAMPA FL 33606 TAMPA FL 33622 US US							DO NOT WRITE IN THIS SPACE					
							05/20/198	rated or Qualifed	l			
2. Principal P	lace of Business	2a. Mailing Address				4	, FEI Number			L	lied For	
21	· · · · · ·	26		-		;	59-268399	92		No	Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5	. Certifcate of	Status Desired		\$8.75 A Fee Re		
	City & State City & State						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip Country Zip 24 25 29			Cou	Country 30			8. This corporation owes the current year Intangible Personal Property Tax. Yes					
	9. Name and Address of Curren					10	. Name and A	ddress of New	Registered	Agent		
				81	Name							
ROBERTS, JAMES W., JR. 811 S. ROME				82	Street A	ddress (ress (P.O. Box Number is Not Acceptable)					
TAMPA FL 33606				83		-					_	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										11		
				84	City				FL	85 Zip 0	code	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	utnorizea	IDV tr	named co he corpor	orporation's b	on submits this poard of directo	statement for the	e purpose of ept the appoi	changing its ntment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered	Agent	signature reg	guired when	reinstating)		DATE		}	
12.		ID DIRECTORS	13.					HANGES TO O	FFICERS AN	ID DIRECTO	RS IN 12	
TITLE	Р	☐ DELETE	1.1 TD	TLE:		Vic.o.	Pine id	ont		Change	Addition !	
NAME	ROBERTS, JAMES W., JR.		1.2 NA	ME	7	Robei	Presid	ith A			į	
STREET ADDRESS	811 S. ROME				ADDRESS 4							
CITY-ST-ZIP	TAMPA FL 33606		1.3 ST	REETA		211 5	Rome					
TITLE	174111 T. 1 E 00000					BIL S	. Rome	33606				
		☐ DELETE		TY-ST-		BIL S	. Rome npa, Fi			Change	☐ Addition .	
NAME	**************************************	DELETE	1,4 CF 2.1 TF	TY-ST-		BIL S	. Rome	33606		Change	☐ Addition .	
NAME STREET ADDRESS		DELETE	1,4 CF 2.1 TF 2.2 NA	TY-ST- TLE VME	ZIP	BIL S	. Rome	<u>, 33606</u>	~	Change	Addition .	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS