

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J19262 (1)

1. Corporation Name

SIA SALES MANAGEMENT CORPORATION



Principal Place of Business

150 S. MAIN STREET
LABELLE FL 33935

Mailing Address

P.O. BOX 672
LABELLE FL 33935

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

KINNEY, KENNETH JR.
150 S. MAIN ST.
LABELLE FL 33935

3. Date Incorporated or Qualified
06/13/1986

3a. Date of Last Report
10/23/1995

4. FEI Number

59-2699903

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0106 and 607.0107, 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 I accept the obligation of, Sections 607.0106, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE

PTS
KINNEY, KENNETH JR.
150 S. MAIN STREET
LABELLE FL 33935

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

14. I do hereby certify that the information supplied to the filing is voluntarily furnished and disclosed equally for the exemption stated in Section 119.07(4)(a), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation, or have been or intend to become a director of the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in a subsequent filing with the address.

SIGNATURE:

SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kenneth E. Kinney Jr.

4/15/96 841-675-8888

CR2E034 (12/95)