

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 # J40694

1. Corporation Name

SUGARMILL WOODS SALES, INC.

Principal Place of Business

8120 S SUNG0AST BLVD
HOMOSSA FL 34446
US

Mailing Address

212 SOUTH CENTRAL
SUITE 100
ST LOUIS MO 63105
US

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90205 045 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1986

4. FEI Number

59-2733876

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

2. Principal Place of Business

21 155 Douglas Street

Suite, Apt. #, etc.

22 Suite B

City & State

23 Homosassa, Florida

Zip Country

24 34446

25 US

2a. Mailing Address

26 155 Douglas Street

Suite, Apt. #, etc.

27 Suite B

City & State

28 Homosassa, Florida

Zip Country

29 34446

30 US

9. Name and Address of Current Registered Agent

--MOORE, JAMES E III
--1625 W MARION AVE
--STE 2--
--PUNTA GORDA FL 33950--

10. Name and Address of New Registered Agent

81 Name

Janice Stocker

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

25 Salvia Court

83

84 City

Homosassa,

FL

85 Zip Code
34446

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 Janice Stocker Janice Stocker

1/27/99

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 ☒ DELETE

NAME SCHIFFER, LAURENCE A
STREET ADDRESS 212 SOUTH CENTRAL SUITE 100
CITY-ST-ZIP ST LOUIS MO

TITLE ☐ DELETE

NAME STOCKER, JANICE
STREET ADDRESS 8120 S SUNG0AST
CITY-ST-ZIP HOMOSSA FL

TITLE ☒ DELETE

NAME LOVE, ANDREW S JR
STREET ADDRESS 212 SOUTH CENTRAL SUITE 100
CITY-ST-ZIP ST LOUIS MO

TITLE ☒ DELETE

NAME CLEMENT, GLORIA D
STREET ADDRESS 212 SOUTH CENTRAL SUITE 100
CITY-ST-ZIP ST LOUIS MO

TITLE ☒ DELETE

NAME KOVARIK, YANETTE
STREET ADDRESS 212 S CENTRAL SUITE 100
CITY-ST-ZIP ST LOUIS MO 63105

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Pres./Sec./Treas. ☒ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS 155 Douglas St., Suite B

2.4 CITY-ST-ZIP Homosassa, Florida 34446

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:

Janice Stocker, PRESIDENT

1/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)