

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 21 AM 11:35

DOCUMENT # **K52484** (8)

1. Corporation Name  
**J.F. SINK & SONS, INC.**

Principal Place of Business Mailing Address  
**% DONNA J. SINK** **% DONNA J. SINK**  
**450 92ND AVE. NORTH** **450 92ND AVE. NORTH**  
**ST. PETERSBURG FL 33702** **ST. PETERSBURG FL 33702**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/20/1988	04/28/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2919341	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SINK, DONNA J. 450 92ND AVE. NORTH ST. PETERBURG FL 33702				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 607.0502 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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINK, DONNA J.	1.2 NAME	
STREET ADDRESS	450 92ND AVE. NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINK, FRANK J	2.2 NAME	
STREET ADDRESS	450 92ND AVE. N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	2VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINK, KELY A	3.2 NAME	
STREET ADDRESS	646 80TH AVE NO	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33702	3.4 CITY-ST-ZIP	
TITLE	TVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINK, KENT	4.2 NAME	
STREET ADDRESS	450 92ND AVE NO	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33702	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINK, KIRK	5.2 NAME	
STREET ADDRESS	757 42ND AVE. N.E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	5.4 CITY-ST-ZIP	
TITLE	D.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER DESPOSIER	6.2 NAME	
STREET ADDRESS	13333 RIDGE RD. APT. 2104	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL. 34648	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 authorized 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.

SIGNATURE: *J.F. Sink* J.F. SINK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-95 813 5762339  
Date Keyed/Typed