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**Jan 22 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # K52484 (8)

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



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

Mailing Address
% DONNA J. SINK
450 92ND AVE. NORTH
ST. PETERSBURG FL 33702-3146

3. Date Incorporated or Qualified 12/20/1988
3a. Date of Last Report 06/11/1996

4. FEI Number 59-2919341
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

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**SINK, DONNA J.
450 92ND AVE. NORTH
ST. PETERBURG FL 33702**

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 607.0502 and 607.1908, 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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SINK, DONNA J.	
STREET ADDRESS	450 92ND AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SINK, FRANK J	
STREET ADDRESS	450 92ND AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	2VP	<input type="checkbox"/> DELETE
NAME	SINK, KELY A	
STREET ADDRESS	648 80TH AVE NO	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	TVP	<input type="checkbox"/> DELETE
NAME	SINK, KENT	
STREET ADDRESS	450 92ND AVE NO	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SINK, KIRK	
STREET ADDRESS	757 42ND AVE. N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DESROSIER, ROGER	
STREET ADDRESS	13333 RIDGE RD., APT 2104	
CITY-ST-ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97 (813) 576-2339
Date Daytime Phone #

CR2E034 (9/96)