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**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90010 008 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **K52484**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1988

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

SINK, DONNA J.  
 450 92ND AVE. NORTH  
 ST. PETERSBURG 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 607.1508, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**  DELETE  
 NAME **SINK, DONNA J.**  
 STREET ADDRESS **450 92ND AVE. NORTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **P**  DELETE  
 NAME **SINK, FRANK J**  
 STREET ADDRESS **450 92ND AVE. N.**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **2VP**  DELETE  
 NAME **SINK, KELY A**  
 STREET ADDRESS **646 80TH AVE NO**  
 CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **TVP**  DELETE  
 NAME **SINK, KENT**  
 STREET ADDRESS **450 92ND AVE NO**  
 CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **VP**  DELETE  
 NAME **SINK, KIRK**  
 STREET ADDRESS **757 42ND AVE. N.E.**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE **D**  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  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

*James J. Sink*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-99  
 Date

(727) 576-2339  
 Daytime Phone #

CR2E034 (1/198)