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 # P97000050434

Country

25

SALLYARDS CORP.

Principal Place of Business 1416 FAIRWAY OAKS DRIVE CASSELBERRY FL 32707

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28 Zip

29

1416 FAIRWAY OAKS DRIVE CASSELBERRY FL 32707

FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90050 044 ***150.00



DO NOT WRIT	E IN THIS S	SPACE		
3. Date Incorporated or Qualifed				
06/09/1997				
4. FEI Number		Applied For		
59-3451234		Not Applicable		
5. Certifcate of Status Desired		\$8.75; Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
This corporation owes the curre Personal Property Tax.	ent year Inta	ngible MaYes □No		

9. Name and Address of Current Registered Agent

81 Name

AMERILAWYER CHARTERED

343 ALMERIA AVENUE

CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

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

30

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.

Country

_ 3	·					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTI	E: Registered Agent signature re-	equired when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD DELETE	1.1 TITLE		Change	Addition	
NAME	SALLYARDS, SCOTT F	1.2 NAME			· ,	
STREET ADDRESS	1416 FAIRWAY OAKS DRIVE	1.3 STREET ADDRESS		•	Ì	
CITY-ST-ZIP	CASSELBERRY FL 32707	1.4 CITY-ST-ZIP		<u> </u>		
TITLE	DELETE	2.1 TITLE		Change	☐ Addition	
NAME	· · ·	22 NAME				
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>	2.4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS			1	
CITY-ST-ZIP		3.4. CITY-ST-ZIP			1 1	
TITLE	DELETE	4.1 TITLE		: Change	☐ Addition	
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE		☐ Change	Addition	
NAME	• ' ,	5.2 NAME				
STREET ADDRESS	To the second	5.3 STREET ADDRESS			•	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	. 6		TT A July	
TITLE	☐ DELETE	6.1 TITLE	** · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME		6.2 NAME				
STREET ADDRESS	and the second of the second o	6.3 STREET ADORESS	·			
	}	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 charged, or on an effectment with an address, with all other like empowered.

SIGNATURE: STEAMER AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/09

(407) 644-4524 Partime Phone #

2E034 (11/98)