## 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 # V01102

1. Corporation Name

SENTRY EVENT SERVICES, INC.

Principal	Place	of	Business

Mailing Address

400 1ST ST., SOUTH

400 1ST ST.. SOUTH

## Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90130 009 \*\*\*150.00



ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701			DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed		
			12/18/1991		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
Tageiran Deive	26 / Trapicana	Darve	59-3100464	Not Applicable	
Suite, Apt. #, etc.	26   Trop: cana Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State  St. Petensburg, FL	City & State	. FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25 US A.	Zip C6	untry USA	This corporation owes the current year     Personal Property Tax.	Yes No	
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Register	ed Agent	
MILBURN, KENNETH W 400 FIRST ST., S. ST. PETERSBURG FL 33701		81 Name 82 Street Addr	2: /bunn; Kenne/L.W. ess (P.O. Box Number is Not Acceptable) e Trop: cana Drive		
2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		84 City S-/.	Polombung F	EL 85 Zip Code 33705	

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 re agent. I a	egistered agent, or both, in the State of Florida. Such the familiar with, and accept the obligations of, Section 60	7.0505, Florida	Statutes.	Subject of differences, Thereby accept the appointment as reg	
SIGNATURE	YAN Will	KENNE	JL M: /b_n	04/12/99	
-	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
12.	OFFICERS AND DIRECTORS	DELETE		Change	☐ Addition
TITLE	UF -	DELETE	1.1 ππLE		
NAME	MILBURN, KENNETH		1.2 NAME		
STREET ADDRESS	245-11TH AVENUE N.E.		1,3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	نيا (44 هند پرهمينيدون <sub>وهنديد</sub> در در انداز در	÷
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change	☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	. Change	☐ Addition
NAME			5.2 NAME	·	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	•		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7IP			6.4 CITY-ST-ZIP		

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: