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Jan 28 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 # **L98093** **(2)**

1. Corporation Name
SYDNEY & COMPANY INC.

Principal Place of Business	Mailing Address
2901 W. BAY DR. **BELLEAIR BLUFFS FL 34640**	**2901 W. BAY DR.** **BELLEAIR BLUFFS FL 33770-2621**

3. Date Incorporated or Qualified: **09/04/1990**
3a. Date of Last Report: **03/05/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24: **33770** Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29: **33770** Country — 30

4. FEI Number: **59-3023599** ☐ 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

9. Name and Address of Current Registered Agent

SID J. MULLINS
3723 SHADY BLUFFS DRIVE
LARGO FL 34640

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 **33770**

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: Sid J. Mullins Sid J. Mullins — 1-12-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☑ Change ☐ Addition
NAME	MULLINS, SHARON L.		12 NAME		
STREET ADDRESS	3723 SHADY BLUFFS DR.		13 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34640		14 CITY-ST-ZIP	33770	
TITLE	V	☐ DELETE	21 TITLE		☑ Change ☐ Addition
NAME	MULLINS, SID		22 NAME		
STREET ADDRESS	3723 SHADY BLUFFS DRIVE		23 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		24 CITY-ST-ZIP	33770	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

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: Sid J. Mullins Sid J. Mullins — 1-12-97 — 8135855520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #