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Secretary of State

03-01-1999 90009 008 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J42712**

1. Corporation Name

SENTRY SALES & LEASING COMPANY, INC.



Principal Place of Business 8 THOMAS OWENS WAY MONTEREY CA 93940 US	Mailing Address 8 THOMAS OWENS WAY MONTEREY CA 93940 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/18/1986	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2746352	
City & State 23		City & State 28		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent HILL, W. CHRISTIAN 892 OSCEOLA AVENUE WINTER PARK FL 32789		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	

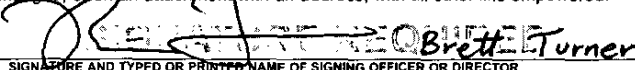
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME HILL, WILLIAM J		1.2 NAME	
STREET ADDRESS 25560 MEADOWVIEW CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP SALINAS CA 93908		1.4 CITY-ST-ZIP	
TITLE TS	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME TURNER, BRETT		2.2 NAME	
STREET ADDRESS 8 THOMAS OWENS WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP MONTEREY CA 93940		2.4 CITY-ST-ZIP	
TITLE VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME BELISLE, PAUL		3.2 NAME	
STREET ADDRESS 8 THOMAS OWENSWAY		3.3 STREET ADDRESS	
CITY-ST-ZIP MONTEREY CA		3.4 CITY-ST-ZIP	
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		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-ZIP		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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99
Date

(831) 375-2727
Daytime Phone #

CR2E034 (11/98)