


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90057 010 \*\*\*150.00

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999   |  |  |   | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| DOCUMENT # S87904   |  |   |   |  |  |
| 1. Corporation Name<br>SIGURDSSON CORPORATION   |  |   |   |  |  |
| Principal Place of Business<br>101 SCRANTON ST.<br>FT. WALTON BEACH FL 32547  |  |   | Mailing Address<br>P.O. BOX 2752<br>FT. WALTON BEACH FL 32549 |  |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |   | 3. Date Incorporated or Qualified<br>10/17/1991  |  |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc.  |   | 4. FEI Number<br>59-3102173  |  |
| 22 City & State   |  | 27 City & State   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 23 Zip  |  | 28 Zip  |   | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                     |  |
| 24 Country  |  | 29 Country  |   | 8. This corporation owes the current year Intangible<br>Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br>SIGURDSSON, LINDA HENDRICKS<br>101 SCRANTON ST.<br>FT. WALTON BEACH FL 32547   |  |   | 10. Name and Address of New Registered Agent                  |  |  |
|   |  |   | 81 Name   |  |  |
|   |  |   | 82 Street Address (P.O. Box Number is Not Acceptable)         |  |  |
|   |  |   | 83  |  |  |
|   |  |   | 84 City   |  |  |
|   |  |   | 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 _____<br>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   |  |   |   |  |  |
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |  |  |
| 1.2 NAME  |  |   |   |  |  |
| 1.3 STREET ADDRESS  |  |   |   |  |  |
| 1.4 CITY-ST-ZIP   |  |   |   |  |  |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |  |  |
| 2.2 NAME  |  |   |   |  |  |
| 2.3 STREET ADDRESS  |  |   |   |  |  |
| 2.4 CITY-ST-ZIP   |  |   |   |  |  |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |  |  |
| 3.2 NAME  |  |   |   |  |  |
| 3.3 STREET ADDRESS  |  |   |   |  |  |
| 3.4 CITY-ST-ZIP   |  |   |   |  |  |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |  |  |
| 4.2 NAME  |  |   |   |  |  |
| 4.3 STREET ADDRESS  |  |   |   |  |  |
| 4.4 CITY-ST-ZIP   |  |   |   |  |  |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |  |  |
| 5.2 NAME  |  |   |   |  |  |
| 5.3 STREET ADDRESS  |  |   |   |  |  |
| 5.4 CITY-ST-ZIP   |  |   |   |  |  |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |  |  |
| 6.2 NAME  |  |   |   |  |  |
| 6.3 STREET ADDRESS  |  |   |   |  |  |
| 6.4 CITY-ST-ZIP   |  |   |   |  |  |

SIGNATURE: \_\_\_\_\_

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99 (850) 863-5900  
Date Daytime Phone #

CR2E034 (11/98)