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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 333268

VICKEDS SALES CODD

VICKERS	S SALES CORP												
Principal Place	e of Business	Mailing Address				1	1 130106 11133	III bu iiii iibib	8118) (811 B181 (II BIEII IBBI	
3500 US 98		PO BOX 431											
LORIDA FL 33857 LORIDA FL 33857							DO NOT IMPLE IN THE SPACE						
US US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
						3.	•	ed or Qualife	a				
						-	08/01/1968 FEI Number	٠			A m m li		
_ `	lace of Business	2a. Mailing Address				,				H		ed For Applicable	
21		Suite, Apt. #, etc.				<u> </u>	<u>59-1215603</u>		· · · · ·	<u> </u>		ditional	
<u> </u>						. 5. Certifcate of Status Desired			- D:		Requ		
22 City & Stat		City & State				-	Election Campa	ian Einancine				ay Be	
·	6	28				0.	Trust Fund Con	•	<i>*</i> \square		ed to		
Zip	Country	Zip ·	Count	try		8.	This corporation		rrent vear In				
24	25	├ - -¬ `	30	•		•	Personal Prope			Yes		No	
24	9. Name and Address of Currer		301			10.	Name and Add		Registered	Agent			
· · · -			8	31	Name								
	ERS, M E		<u>_</u>			(D	O Pay Number	io Not Accor	table)	·			
1825 WRIGHT LANE			٩	82 Street Addre			ess (P.O. Box Number is Not Acceptable)						
Lorida, Fl			8	33			,	. ,	-				
3385	57									iani s	7- 0-		
			8	34	City		•		FL	85 2	Zip Co	ae	
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations are controlled to the controlled th	of Florida, Such change was all	thonzed t	ทงก	-named corpo he corporation	ratior n's bo	n submits this sta pard of directors.	atement for th I hereby acc	ept the appo	i changing intment a	g its re s regis	stered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: F	Registered A	gent :	signature required				DATE				
12.		ID DIRECTORS	13.				ADDITIONS/CH/	ANGES TO O	FFICERS A				
TITLE	PD	☐ DELETE	1.1 TITLE	E						Char	nge	☐ Addition	
NAME	VICKERS, MARION E		1.2 NAM	Œ									
STREET ADDRESS	1825 WRIGHT LANE		13 STRE	EET A	ADDRESS								
CITY-ST-ZIP	LORIDA, FL 33857		1.4 CITY	/-ST-	-ZiP								
TITLE	VIS	TS DELETE		2.1 TITLE			•	•		☐ Char	nge	☐ Addition	
NAME	VICKERS, M. E. II		22 NAM	Œ			:						
STREET ADDRESS	4613 BLUFF HAMMOCK RD		2.3 STR	EET/	ADDRESS							_	
CITY-ST-ZIP	LORIDA FL		2. 4 CITY	Y-ST	-ZIP								
TITLE		☐ DELETE	3.1 TITLI	E						☐ Char	nge	☐ Addition	
NAME			3.2 NAM	1E									
STREET ADDRESS			3.3 STRI	EET A	ADDRESS								
CITY-ST-ZIP			3.4. CITY	Y-ST	-ZIP					<u></u>			
TITLE		☐ DELETE	4.1 TYTL	E						Char	nge	☐ Addition	
NAME			4. 2 NAM	ИE									
STREET ADDRESS			4.3 STRI	EET /	ADDRESS								
CITY-ST-ZIP			4.4 CITY	/-ST-	-ZIP								
TITLE		☐ DELETE	5.1 TITL					, 1		☐ Char	nge '	Addition	
NAME			5.2 NAM					•			•		
STREET ADDRESS			5.3 STR	EETA	ADDRESS			•					
CITY-ST-ZIP			5.4 CITY		- ZIP								
TITLE		☐ DELETE	6.1 TITL	E					•	☐ Char	nge	☐ Addition	
NAME	1		6.2 NAM	Æ									
1			63 STR	EET/	ADDRESS								

6.4 CITY-ST-ZIP 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 trystee 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: