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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 426903

1. Corporation Name

STRIC-LAND SALES AND SERVICE INC					
ĺ	•			1 1.00 pp 0 10 to 110 pp 0 10 pp	#1841 #1911 #1814 #1847 #1841 1837
Principal Place	e of Business .	Mailing Address		- i ideili dibib irbib atpid ibili edile ediba (ili bibil	BIBLI DIDLI BIBLI DIBIL BIBLI 1681
5935 60 TH AV		5835 60TH FL			
VERO BEACH FL 32967 VERO BEACH FL 32967					
US US				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualifed	
}				05/24/1973	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-14624 <u>53</u>	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22 27				5. Cerdicate of Status Desired	Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23 28			Trust Fund Contribution	Added to Fees	
Zíp	Country	Zip	Country	8. This corporation owes the current year li	ntangible
24	25	29 36	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent
STRICKLAND, LLOYD C			81 Name	vd C. Strickland	
5924 CANTENBURY DRIVE			82 Street Addre	ss (P.O. Box Number is Not Acceptable)	_
				35 60H AVE	
VERO BEACH, FL LAKE WALES FL 33853			83	Besch	
LAN	E WALES FL 33633		84 City		85 Zip Code
				<u> </u>	L B1967
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					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes					
SIGNATURE	Chan Story	Alva L Sec. De	- C - L 11	1/m & 3/	15/99
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature required	when reinstating)	
12.	, OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TTLE		Change Addition
NAME	STRICKLAND, LLOYD C		1.2 NAME		
STREET ADDRESS	5924 CANTENBURY DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	strickland, jean		2.2 NAME		
STREET ADDRESS	5924 CANTENBURY DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZiP	LAKE WALES FL		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		i	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		-
1 1			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change Addition
l mile	1				
ALCOUNT.			6.2 NAME		
NALIE STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP