PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 440118

1. Corporation Name

SUDDABY ENTERPRISES, INC.

| Principal Place of Business Mailing Address | | | | I IBALLI DIGIL BIBLI EBLBI ILBOL LIBAL IBLI GLALL | | 1011 01011 1007 |
|---|--|-------------------------------------|---|--|---------------------------------|------------------------|
| 5728 CLARK ROAD 5728 | | 5728 CLARK ROAD | | | | |
| | | SARASOTA FL 34233 | | DO NOT WEITS IN THE | CDACE | |
| | | | | DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed | SPACE | |
| | • | | | 11/19/1973 | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | 4. FEI Number | App | lied For |
| 21 | | 26 | | 59-1540697 | | Applicable |
| Suite, Apt., | #, etc | Suite, Apt. #, etc | | 5. Certificate of Status Desired 6. Certificate of Status Desired 6. Certificate of Status Desired 6. Certificate of Status Desired 7. Certificate of Status Desired 7. Certificate of Status Desired 7. Certificate of Status Desired 8. Certificate of Status Desired 9. Certificate 9. Certificat | \$8.75 A Fee Red | |
| City & State | e | City & State | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to | - 1 |
| Zip | Country | Zip | Country | 8. This corporation owes the current year Int | angible | |
| 24 | 25 | 29 | 0 | Personal Property Tax. | ☐ Yes | □No |
| | 9. Name and Address of Current | t Registered Agent | | 10. Name and Address of New Registered | Agent | |
| SUD | DABY, GEORGE D, JR | | 81 Name | | | |
| 6220 TANAGER ST | | 82 Street Addr | ess (P.O. Box Number is Not Acceptable) | | | |
| SARASOTA FL 33583 | | | 83 | | | |
| OAN | A001A 1 E 00000 | | 83 | | | } |
| | | | 84 City | FL | 85 Zip C | ì |
| office or re agent. I a | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat | of Fiorina Such change was aut | nonzed by the corboratio | oration submits this statement for the purpose of on's board of directors. I hereby accept the appoi | changing its i ntment as reg | registered jistered |
| SIGNATURE | Signature, typed or printed name of registered agen | t and title if applicable. (NOTE: F | egistered Agent signature required | d when reinstating) DATE | | |
| 12. | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTO | RS IN 12 |
| TITLE | S | ☐ DELETE | 1.1 TITLE | | Change | ☐ Addition |
| NAME | SUDDABY, SANDRA S | | 1.2 NAME | | | |
| STREET ADDRESS | 6220 TANRGER ST | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | SARASOTA, FL 00000 | | . 1.4 CITY-ST-ZIP | | | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | | ☐ Change | Addition |
| NAME | SUDDABY, GEORGE D. JR | | 2.2 NAME | | | ļ |
| STREET ADDRESS | 6220 TANRGER ST | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | SARASOTA, FL 00000 | | 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 | | | 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 | | | |
| | | | 5.3 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.

SIGNATURE:

SIGNATURE:

Date

Date

Daytime Phone #

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP. ...

TITLE

□ DELETE

Change

Addition

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90200 050 ***150.00

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