

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90256 004 ***150.00

DOCUMENT # 549264

1. Corporation Name

TED SUTHERLAND ENTERPRISES, INC.

Principal Place of Business

LONG LAKE ROAD, ALTURAS, FL
P. O. BOX 1023
BARTOW FL 33830

Mailing Address

LONG LAKE ROAD, ALTURAS, FL
P. O. BOX 1023
BARTOW FL 33830

2. Principal Place of Business

21 Rural Pk Rd
Suite, Apt. #, etc.

22 ALTURAS
City & State

23 FL
Zip

Country

24 33820 25 Polk

2a. Mailing Address

26 P.O. Box 1023
Suite, Apt. #, etc.

27 BARTOW
City & State

28 FL
Zip

Country

29 33831 30 USA

9. Name and Address of Current Registered Agent

SUTHERLAND, TED R
8495 LONG LAKE RD.
P.O. BOX 1023
BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1977

4. FEI Number

59-1777787

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

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 Ted R. Sutherland
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/9/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME EICHAR, GERALD
STREET ADDRESS 8495 LONG LAKE RD
CITY-ST-ZIP BARTOW FL 33830

TITLE D
NAME EICHAR, JUDY S.
STREET ADDRESS 8495 LONG LAKE RD
CITY-ST-ZIP BARTOW FL 33830

TITLE DPD
NAME SUTHERLAND, TED R.
STREET ADDRESS 9340 ABC RD
CITY-ST-ZIP BARTOW FL 33830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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

DATE

Daytime Phone

CR2E034 (1/98)