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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1	NUAL REPORT Secretary of State 1998 DIVISION OF CORPOR				ONS		Secretary of State		
	MENT # 55983 SIAN GARAGES, INC.	36 (2))					Breit Bleit & (B) B B) B) B) B) B) B)	
Principal Plac	o of Rusinoss	Mailing Address	 -						
1509 GRACE AVENUE 1509 GRACE AVE PANAMA CITY FL 34205 PANAMA CITY FL 34205							DO NOT WRITE IN	I THIS SDACE	
		US					3. Date Incorporated or Qualified 02/15/1978	· IIIIO GI AGE	
2. Principal P	lace of Business	2a. Mailing Address	s				4. FEI Number	Applied For	
21		26					59-1789016	Not Applicable	
Suite, Apt		Suite, Apt. #, et	e.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	0	City & State	~ · · · · · · · · · · · · · · · · · · ·				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	7 p	30	ountry	<u>'</u>		This corporation owes or has paid Personal Property Tax due June 30), 🔼 Yes 🗌 No	
	9. Name and Address of Curre	int Registered Agent		1	- ··		10. Name and Address of New Regis	stered Agent	
VICKERS, REGINALD E					Name)			
1509 GRACE AVENUE					Street	Addres	ss (P.O. Box Number is Not Acceptable))	
Panama City FL 32405				-	<u> </u>				
				83					
1				84	City			FL 85 Zip Code	
11, Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	02 and 607.1508, Florida e of Florida Such change gations of Section 607.05	Statutes, the was authori 05, Florida S	above zed by statute:	e-named the cor	d corpor rporation	ration submits this statement for the pur n's board of directors. I hereby accept to		
<u> </u>	Signature, typed or printed name of registered ag				nulangie tne	re required		DATE	
12.		VD DIRECTORS		3.		т—	ADDITIONS/CHANGES TO OFFICER		
TITLE	PVD	☐ DELET		1 TITLE]		Change L Addition	
NAME	VICKERS, REGINALD E			2 NAME					
STREET ADDRESS	1024 OXFORD PLACE PANAMA CITY FL 32405		1		ADDRESS	1			
CITY-ST-ZIP TITLE	ST ST	DELE		4 CITY - S 1 TITLE	1-211	 -		Change Addition	
NAME	VICKERS, REGINALD E			2 NAME		1			
STREET ADDRESS	1024 OXFORD PLACE		1		ADDRESS	}			
CITY-ST-ZIP	PANAMA CITY FL 32405			4 CITY-					
TITLE		DELF1		1 TITLE	<u> </u>	 		Change Addition	
NAME			3.	2 NAME		1			
STREET ADDRESS			3	3 STREET	ADDRESS				
CITY-ST-ZIP			3.	4. CITY-	ST-ZIP	<u> </u>			
TITLE		DELET	TE 4.	1 TITLE				☐ Change ☐ Addition	
NAME			4.	2 NAME		1			
STREET ADDRESS			4	3 STREET	ADDRESS				
CITY-ST-ZIP				4 CITY-S	T-21P	1			
TITLE		DELET		1 TITLE				Change Addition	
NAME				2 NAME					
STREET ADDRESS					ADDRESS	1			
CITY-ST-ZIP			5.	4 CITY-S	T - ZIP	ļ			

14. Thereby certify that the information supplied with this filling 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, on on an attachment with an appreciate of the corporation of 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 appreciate or preciate or preciat

6 3 STREET ADDRESS

STREET ADDRESS

FILED

Mar 13 1998 8:00am