## . 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** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90107 046 \*\*\*150.00

DOCL	JMENT # 650657	•				
Corporat	ion Name					
SURIVE	E INDUSTRIES, INC.			•		
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Data de al Dia	(0)					
· ·	ace of Business	Mailing Address		A range dreit drift Birth Strat Brill (831 8)	MIS MINST NINTE WINCE	01011 81811 1881
517 LAKE MIRIAM DRIVE 517 LAKE MIRIAM DRIVE LAKELAND FL 33813					•	
CANCEAND I	2 33013	LAKELAND FL 33813		DO NOT WRITE IN T	LIIC CDACE	
1				Date Incorporated or Qualifed	HIS SPACE	
1				01/09/1980		
2. Principal	Place of Business	2a. Mailing Address	<del></del>	4. FEI Number		oplied For
21		26		59-1760682	<u> </u>	ot Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			\$8.75	
22		27		5. Certifcate of Status Desired	Fee Re	
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00	May Re
Zip	Country	28		Trust Fund Contribution	Added t	to Fees
24	· - ·	Zip	Country	8. This corporation owes the current year	Intangible	
24	9. Name and Address of Curren	1 Posistavad A	30	Personal Property Tax.	☐ Yes	□No
	Nume and Address of Collen	t Registered Agent	81 Name	10. Name and Address of New Register	ed Agent	
	NALDSON, EDGAR S		o Name			
	LAKE MIRIAM DR		82 Street Add	fress (P.O. Box Number is Not Acceptable)		
LAK	ELAND FL 33813		83			
İ			60			
<u> </u>			84 City		. 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statute	s the above-named corr	poration submits this statement for the purpose		
office or i	registered agent, or both, in the State o	of Florida. Such change was au	thorized by the corporati	ion's board of directors. I hereby accept the any	of changing its	registered
			do Ciadalan	and an encountries in the copy decept the app	JOHN HIGH AS LEY	jistered ¦
		ions of Section 607.0505, Flori	da Structes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app		gistered
SIGNATURE		Munch	do-	Tres 21	6/9	gistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title of applicable. (NOTE: F	da Strades. Registered Agent signature require	Med ( ) DATE	6/9	<u> </u>
SIGNATURE  12.  TITLE	Signature, typed of finited name of registered agent OFFICERS AND	t and title of applicable. (NOTE: F	Registered Agent signature require	Tres 21	6/9	- P
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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: DON'T TEST