

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90064 032 ****61.25

0064112

DOCUMENT # 740842

1. Corporation Name

SEPIA INCORPORATED

Principal Place of Business

1806 LOMBARDY DR
CLEARWATER FL 34615
US

Mailing Address

1806 LOMBARDY DR
CLEARWATER FL 34615
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/18/1977

4. FEI Number

59-1632753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROBINSON, E. J
1806 LOMBARDY DR
CLEARWATER FL ~~34615~~ 33755

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RAHIM, MUHAMMAD ABDUL
STREET ADDRESS 605 PALM BLUFF ST
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE VD
NAME KELISS, GLENN
STREET ADDRESS 1561 LONG ST
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE SD
NAME CARSON, WILLA
STREET ADDRESS 1777 HARBOR DR
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE D
NAME ALLEN, ROBERT
STREET ADDRESS 356 HEDGEROW LANE
CITY-ST-ZIP TARPON SPRINGS FL ☐ DELETE

TITLE D
NAME YOUNG, ROBERT C.
STREET ADDRESS 1091 WEATHERSFIELD DR.
CITY-ST-ZIP DUNEDIN FL ☐ DELETE

TITLE TD
NAME ROBINSON, E.J.
STREET ADDRESS 1806 LOMBARDY DR.
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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 617, 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:

E. J. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99 (727) 442-4155
Date Daytime Phone #

CR2E037 (11/98)