

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 758926**

1. Corporation Name

STERLING

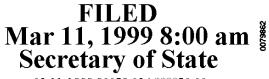
EMPLOYEES ACTIVITY ASSOCIATION, INC.

Pace, FL 32571

Principal Place of Business 5005 STERLING WAY

MILTON FL 32571

Mailing Address



03-11-1999 90079 034 ****70.00

5005 STER PACE FL 3 US		****	5005 STERLING WAY PACE FL 32571 US							
2. Principal Place of Business		2a. Mailing Add				3. Date incorporated or Qualifed 06/25/1981				
	pt. #, etc.	Suite, Apt. :	Suite, Apt. #, etc.			4.	FEI Number Applied For 59-2364228 Not Applicab			
City & S	State	City & State	9	•		5.	Certifcate of Status Desired	Œ/	\$8.75 Additional Fee Required	
Zip 24	Country 25	Zip	Cou	ntry		6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
				81	Name					
MARMASH, JOHN P 5005 Sterling Way				82 Street Address (P.O. Box Number is Not Acceptable)						

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.

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City

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NO	TE: Registered Agent signature re	equired when reinstating)	DATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	RS IN 12						
TITLE	TD DELETE	1.1 TITLE		☐ Change	☐ Addition						
NAME	HOLM, DOUG	1.2 NAME									
STREET ADDRESS	5363 STAFFORD CIRCLE	1.3 STREET ADDRESS									
CITY-ST-ZIP	PACE FL	1.4 CITY-ST-ZIP									
TITLE	SD DELETE	2.1 TITLE		Change	☐ Addition						
NAME	MARMASH, JOHN P.	2.2 NAME		ما درای شماها مداند با انجلید							
STREET ADDRESS	3916 TONBRIDGE CIRCLE	2.3 STREET ADDRESS									
CITY-ST-ZIP	PENSACOLA FL	2. 4 CITY-ST-ZIP									
TITLE	D DELETE	3.1 TITLE		☐ Change	Addition						
NAME	CARPENTER, BILL	3.2 NAME									
STREET ADDRESS	5818 WOODDUCK	3.3 STREET ADDRESS									
CITY-ST-ZIP	PACE FL	3.4. CITY-ST-ZIP									
TITLE	PD DELETE	4.1 TITLE		☐ Change	Addition						
NAME	JENNINGS, ROBERT P	4. 2 NAME									
STREET ADDRESS	4845 CHRISTY LANE	4.3 STREET ADDRESS									
CITY-ST-ZIP	PACE FL	4.4 CITY-ST-ZIP	-								
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition						
NAME		5.2 NAME									
STREET ADDRESS		5.3 STREET ADDRESS									
CITY-ST-ZIP		5.4 CITY+ST-ZIP			·						
TITLE	· DELETE	6.1 TITLE	'	☐ Change	☐ Addition						
NAME		6.2 NAME									
STREET ADDRESS		6.3 STREET ADORESS									
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	6						

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 or an attachment with an address, with all other like empowered.

SIGNATURE:

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Zip Code