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**

DOCUMENT # 842488

1. Corporation Name

SPHINGS	AAIMDOAA LYSUIOIAS ON	/ISIUN,	HVC.									
Principal Place	e of Business	Ma	ailing Address	•					I IABAL BIRBI (I		I ELE BIEH GIGH	Albit midit tabl
7549 GRABER ROAD P. O. BOX 111. TAX DI MIDDLETON WI 53562 LANCASTER SC 29721				:				DC	NOT WE	TE IN THIS	SDACE	
		US					<u> </u>			TE IN THIS		
							3.	Date Incorporated	or Qualifed			
		176:						01/30/1979				antine Con
2. Principal Place of Business			la. Mailing Address				7	FEI Number				pplied For
21			Suite Ant History					36-2998685				lot Applicable Additional
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certifcate of Status	Desired		•	Required
22			7 City & State						<u></u>			
City & State			¬ '				0.	Election Campaign	_			May Be to Fees
23			Zip Country				 -	Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible				
Zip	Country	29	, ' —			* *************************************			· 65			
24	25 25 Name and Address of Curren		tornd Agent	30				Personal Property Tax.				
	5. Name and Address of Curr	ent Kegis	tered Agent		81	Name		1144110 4714 7144100				
CT C	CORPORATION SYSTEM											
1200 S. PINE ISLAND ROAD						Street Ad	ddress (F	dress (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324					83							
704	41A11014 1 E 33324				63							
					84	City				FL	85 Zip	Code
	to the provisions of Sections 607.0				<u> </u>				t f the		- I	e registered
office or r agent. I a SIGNATURE	egistered agent, or both, in the Stat im familiar with, and accept the obli	te of Florio gations of	da. Such change was a , Section 607.0505, Flo	uthorized rida Stati	i by utes	the corpora	ation's b	oard of directors. I h	ereby acce	pt the appo	intment as r	egistered
	Signature, typed or printed name of registered a				Agen	nt signature requ		reinstating) ADDITIONS/CHANG	EC TO OF	DATE	IN NIDEČT	OPS IN 12
12.	OFFICERS A	AND DIRE		13.				ADDITIONS/CHANG		FICERS AI	Change	
TITLE	P		X) DELETE	1.1 TR							☐ Orange	ZS AGGISON
NAMÉ	DEVEAREAUX, LANCE			1.2 NA		-						
STREET ADDRESS	7549 GRABER ROAD			1.3 ST	REET	FADDRESS		:				-
Crry-St-ZIP	MIDDLETON WI			1.4 C		T-ZIP		· • · · ·	: :	 ,		Addition
TITLE	VD DELETE			2.1 11	2.1 TITLE						☐ Change	Addition
NAME	SULLIVAN, ROBERT W.			2.2 N/	ME							
STREET ADDRESS	205 N WHITE ST.			2.3 ST	REET	TADDRESS						
CITY-ST-ZIP "	FORT MILL SC				2.4 CITY-ST-ZIP							
TITLE	VSD □ DELETE		3.1 TI	3.1 TITLE						Change	Addition	
NAME	DORSETT, C POWERS			3.2 NA		,						
STREET ADDRESS	205 N. WHITE ST.			3.3 ST	REET	TADORESS						ļ
CITY-ST-ZIP	FORT MILL SC			3.4. C	ITY-\$	ST-ZIP						
TITLE	VT		☐ DELETE	4.1 TO	TLE						Change	Addition
NAME	ILARDO, SAMUEL J			4. 2 N	AME							ļ
STREET ADDRESS	205 N. WHITE ST.			4.3 \$1	REET	TADDRESS						
CITY-ST-ZIP	FORT MILL SC			4.4 CI	TY-S	T-ZIP						
TITLE	D		☐ DELETE	5.1 TI	TLE		D & I	P			X Change	Addition
NAME	KELBLEY, STEPHEN P			5.2 N	AME							
STREET ADDRESS	205 N. WHITE ST.			5.3 \$1	REE	T ADDRESS						
CITY-ST-ZIP	FT. MILL SC			5.4 CI	TY-S	T-ZIP						'
TITLE:	AT		☐ DELETE	6.1 TT	TLE						Change	☐ Addition

LANCASTER SC 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.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

THEESFELD, TIMOTHY L

136 GRACE AVENUE HWY 9

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 1999

803/286-2321

Davtme Phone #

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90083 034 ***150.00