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FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90086 039 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F53879

1. Corporation Name

STRAITS ENTERPRISES, INC.

Principal Place of Business

815 SOUTH MAIN STREET  
6TH FLOOR  
JACKSONVILLE FL 32207  
US

Mailing Address

P O BOX 48068  
JACKSONVILLE FL 32247-8068  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1981

4. FEI Number

59-2144833

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

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

29

9. Name and Address of Current Registered Agent

PRICE, ROBERT J.  
815 S. MAIN ST  
#600  
JACKSONVILLE FL 32207

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 607.0502 and 607.1508, 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 607.0505, 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	AS	<input type="checkbox"/> DELETE
NAME	BARNETT, JAMES G.	
STREET ADDRESS	815 S. MAIN ST	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SUDDATH, STEPHEN M.	
STREET ADDRESS	815 S. MAIN ST.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BELL, A. QUINN	
STREET ADDRESS	815 S. MAIN ST	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	PRICE, ROBERT J.	
STREET ADDRESS	815 S. MAIN ST	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, BARBARA S.	
STREET ADDRESS	815 S. MAIN ST.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	815 S. Main St.	
1.4 CITY-ST-ZIP		

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	P/T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Price, C.F.O.

4/1/99

Date

904-390-7100

Daytime Phone #

CR2E034 (11/98)