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Mar 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005428 (7)

1. Corporation Name

STERLING HOLDINGS, INC.

Principal Place of Business

150 2ND AVENUE, NORTH
SUITE 500
ST PETERSBURG FL 33701

Mailing Address

150 2ND AVENUE, NORTH
SUITE 500
ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

10/19/1994

4. FEI Number

35-1608277

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BATES, NEIL L
% STERLING INVESTORS LIFE INSURANCE CO.
150 2ND AVENUE NORTH, SUITE 500
ST. PETERSBURG FL 33701

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 PD ☐ DELETE

NAME BATES, NEIL L
STREET ADDRESS 150 2ND AVENUE, N., STE 500
CITY-ST-ZIP ST PETERSBURG FL

TITLE CD ☐ DELETE

NAME HALE, RODNEY L
STREET ADDRESS 150 2ND AVENUE NORTH, SUITE 500
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ST ☒ DELETE

NAME PLAS, FRANK
STREET ADDRESS 150 2ND AVENUE, N., STE 500
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ DELETE

NAME HAGELMAN, CURT R
STREET ADDRESS 748 BUTLERS GATE
CITY-ST-ZIP MARIETTA GA

TITLE D ☒ DELETE

NAME MAYO, WADE H
STREET ADDRESS 3813 HAYNIE AVENUE
CITY-ST-ZIP DALLAS TX

TITLE VC ☐ DELETE

NAME OGASAWARA, MICHAEL J
STREET ADDRESS 150 2ND AVE NORTH, SUITE 500
CITY-ST-ZIP ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/D ☒ 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 S ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE P/D ☒ 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 V/T ☒ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil L. Bates

March 10, 1998 (800) 894-7978

Date

Daytime Phone #

0366997

CP2E034 (1/97)