## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F95000002462 (8) DOCUMENT #

S.I.D. CORPORATION

## **FILED** Mar 23 1998 8:00am Secretary of State



Principal Place	of Businoss	Mailing Address			
94 SHUBUTA		94 SHUBUTA STREET			
JACKSON MS	39209	JACKSON MS 38209		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	017,02
				05/19/1995	
2 Principal Pla	ace of Business /	2a. Mailing Address		4. FEI Number	Applied For
21 385 H	IGHLAND COLONY HARKAY	26 385 HIGHLAND	GRANN ALLY	64-0758763	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	WANT IN		\$8.75 Additional
27			5. Certificate of Status Desired	Fee Required	
City & State  City & State  23 RIDGELAND, MS  28 RIDGELAND,		MS	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
zip 391	17 25 MADIJON	29 39157 31	MADISON	t discontant toponty the second	☐ Yes ☐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C.T. CORPORATION SYSTEM 81 Name					
C I CONTONATION STSTEM				8	
1200 <b>SOUTH PINE ISLAND ROAD</b>			82 Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324					
			83		
4			84 City	FL	85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Floring 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		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PCT	☐ DELETE	1.1 TITLE		Change Addition
NAME	AMBROSINO, RICHARD A		1.2 NAME		
STREET ADDRESS	132 BRIDLEWOOD DRIVE		1.3 STREET ADDRESS		
City-St-ZIP	BRANDON FL 39042		1.4 CITY - ST - ZIP		
TITLE	SVC	☐ DELETÉ	2.1 TITLE		Change Addition
NAME	AMBROSINO, ELLEN L		2.2 NAME		
STREET ADDRESS	132 BRIDLEWOOD DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 39042		2. 4 CITY - ST - ZIP		
TITLE	V	DELETE	3.1 TITLE "		Change Addition
NAME	RICH, RONALD N		3.2 NAME		
STREET ADDRESS	107 NORFLEET WAY	:	3.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON MS 39110		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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		
TRILE		☐ DELETE	6.1 TITLE	والمساو المساور والمراو والماء والمساور والمساور والمساور والمساور والمساور	Change Addition
NAME			6.2 NAME :	8000024623	11 13.23
STREET ADDRESS			6.3 STREET ADDRESS	<b>8000024659</b> ; -03/24/98010200 ***150.00	11 ,2.02
CITY-ST-ZIP			6.4 CITY-ST-ZIP	###15U.UU	
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 appeal report or supplemental appeal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an					
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 exposured 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 or an attachment with an address.					

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