

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 28 1997 8:00am  
Secretary of State

DOCUMENT # F96000001435 (4)

1. Corporation Name

STERLING TREATS, INC.

Principal Place of Business

1133 WEST MAIN STREET  
DOTHAN AL 36301

Mailing Address

1133 WEST MAIN STREET  
DOTHAN AL 36301-1411

2. Principal Place of Business

21 2330 Montgomery Hwy.

Suite, Apt. #, etc.

22

City & State

23 Dothan, AL

Zip

24 36303

Country

25 U.S.

2a. Mailing Address

26 2330 Montgomery Hwy.

Suite, Apt. #, etc.

27

City & State

28 Dothan, AL

Zip

29 36303

Country

30 U.S.

9. Name and Address of Current Registered Agent

APPLEFIELD, BRYAN  
8701 N. LAGOON DRIVE  
PANAMA CITY BEACH FL 32407

3. Date Incorporated or Qualified

03/20/1996

3a. Date of Last Report

4. FEI Number

63-1150738

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

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 ☐ DELETE

NAME PC  
STREET ADDRESS APPLEFIELD, BRYAN  
CITY-ST-ZIP 8701 N. LAGOON DRIVE  
PANAMA CITY BEACH FL 32407

TITLE ☐ DELETE

NAME DST  
STREET ADDRESS APPLEFIELD, HELEN  
CITY-ST-ZIP 8701 N. LAGOON DRIVE  
PANAMA CITY BEACH FL 32407

TITLE ☐ DELETE

NAME V  
STREET ADDRESS APPLEFIELD, BRYAN S  
CITY-ST-ZIP 1133 WEST MAIN STREET  
DOTHAN AL 36301

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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]*

CRZE034 (9/96)