Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90209 009 \*\*\*155.75

## 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 # G71070

1. Corporation Name

STREET ADDRESS

**SIGNATURE:** 

CITY-ST-ZIP

SOUTH BAY JIFFY, INC.

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Principal Place	e of Business	Mailing Add	dress				<u> </u>	1001111 0011 10001 11		<b>.</b>	FELL MIGHT GIANT	81811 61811 1681	
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P O BOX 1205			P O BOX 1205					DO NOT WRITE IN THIS SPACE					
CLEWISTON FL 33440		CLEWISTON	CLEWISTON FL 33440					DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified					1
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3 Principal D	lace of Business	2a, Mailing	Address				4. FEI N				T A	pplied For	1
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Suite, Apt.	# etc		Apt. #, etc.					<del></del>				Additional	_
22		27					-5. Certifo	cate of Status D	esired 1	<u>v</u>		equired	
City & State	le .	City & S	State				6. Election	on Campaign Fi	nancing ,	_	\$5.00	May Be	]
23		28					Trust	Fund Contribution	on 1		Added	to Fees	
Zip	Country	Zip		Cou	ntry		8. This c	orporation owes	the current	t year Inta		_	
24	25	29		30			Perso	nal Property Ta	Χ.		[V Yes	□No	
	9. Name and Address of Cur	rrent Registered Ag	gent		ļ		10. Name	and Address	of New Reg	istered /	Agent		┨
DED	NED SESSOE B				81	Name							
	NER, GEORGE R.				82	Street Ad	ddress (P.O. Bo	x Number is No	t Acceptable	e)			1
	W DEL MONTE				$\sqcup$								-
CLE	WISTON FL 33440				83								ļ
	,				84	City					85 Zip	Code	E .
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11, Pursuant	to the provisions of Sections 607.	.0502 and 607.1508, tate of Florida, Such	Florida Statut	es, the a	bove-	-named co	orporation subm	its this statemer directors. I here	nt for the pu	rpose of	changing its ntment as re	s registered egistered	-
office or re	to the provisions of Sections 607, registered agent, or both, in the Stum familiar with, and accept the ob	tate of Florida. Such	change was a	uthorized	i by ti	ne corpora	corporation subm ration's board of	its this statemer directors. I here	nt for the pu by accept t	rpose of	changing its	s registered egistered	-
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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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an eddress, with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR