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

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90077 042 ***150.00

DOCUMENT #	
DOCUMENT#	J29348 🖥
4. Comparation Name	

FLORIDA PRODUCTS INDUSTRIES, INC.

Principal Plac	ce of Business	Mailing Address				1		
3811 SUITE	UNIVERSITY BLVD	W. 440	MORNIN NORTH		GLORY	,		
	ONVILLE, FL 3220		SONVIL		FI	DO NOT WRITE IN THIS	SPACE	
2 2	011111111111111111111111111111111111111	onen			58	3. Date incorporated or Qualifed 08 – 18 – 1986		
2. Principal i	Place of Business	2a. Mailing Address				4. FEI Number	App	plied For
21 34		26				59-2729707	Not	t Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc				5. Certifcate of Status Desired	\$8.75 A	dditional
22		27				3. Certificate of Status Desired	Fee Re	quired
City & Sta	te	City & State				6. Election Campaign Financing	***\$5:00 T	
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zíp		untry		8. This corporation owes the current year in		□No
24	25	29	30	1		Personal Property Tax. 10. Name and Address of New Registered		<u> </u>
	9. Name and Address of Curren	it Registered Agent		81	Name	IV. Name and Address of New Registered	Agent	
	AR™, JOYCE G.							
	ORNING GLORY LANE	NORTH		82	Street Addre	ss (P.O. Box Number is Not Acceptable)		-
JACKS	ONVILLE, FL 3225	8		83				
}				84	City	FI	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida S	Statutes the a	above	e-named como	ration submits this statement for the purpose of	changing its i	registered
office or	registered agent, or both, in the State	of Florida. Such change v	vas authorize	d by t	the corporation	's board of directors. I hereby accept the appoi	ntment as reg	istered
1	am familiar with, and accept the obliga), Florida Stat	tutes.	•	2	9	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registere	d Agen	t signature required	when reinstating) 30 mg rch 9°	(
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	P	☐ DELET	TE 1.1 T	TITLE			☐ Change	☐ Addition
NAME	JOHN J. SULIK		1.2 N	AME				
STREET ADDRESS		EET	1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL		14.0	XTY-ST	r-zip			
TITLE	ST	DELET		,,,,				
NAME	STODDART, JOYCE						☐ Change	Addition
STREET ADDRESS			ΓE 2.1 T				☐ Change	Addition
	440 MORNING GLOR	G.	TE 2.1 T	TITLE	ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP	440 MORNING GLOR JACKSONVILLE. FL	G. Y LANE NORT	TE 2.1 T 22 N H 2.3 S	TITLE	ADDRESS		☐ Change	☐ Addition
TITLE		G. Y LANE NORT	E 2.1 TI 22 N H 2.3 S 2.4 C	TITLE NAME STREET CITY-S	ADDRESS			Addition Addition
	JACKSONVILLE, FL	G. Y LANE NORT 32258	E 2.1 TI 22 N H 2.3 S 2.4 C	TITLE NAME STREET CITY-ST	ADDRESS			
TITLE	JACKSONVILLE, FL V STODDART, EDGAR	G. Y LANE NORT 32258 DIDELET	H 2.1 T 22 N 2.3 S 2.4 C E 3.1 T 32 N	TITLE NAME STREET CITY-S TITLE JAME	ADDRESS			
TITLE NAME	JACKSONVILLE, FL V STODDART, EDGAR 440 MORNING GLOR	G. Y LANE NORT 32258 R. Y LANE NORT 32258	H 23N H 23S 2.40 E 3.1T 32N H 33S 34.0	TITLE NAME STREET CITY-S TITLE JAME	ADDRESS T-ZIP ADDRESS			Addition.
TITLE NAME STREET ADDRESS	JACKSONVILLE, FL V STODDART, EDGAR	G. Y LANE NORT 32258 □ DELET R. Y LANE NORT	H 23N H 23S 2.40 E 3.1T 32N H 33S 34.0	TITLE STREET CITY-S TITLE LAME STREET CITY-S CITY-S CITY-S	ADDRESS T-ZIP ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL V STODDART, EDGAR 440 MORNING GLOR	G. Y LANE NORT 32258 R. Y LANE NORT 32258	H 23S 2.4C 3.1T 32N H 33S 34.C	TITLE STREET CITY-S TITLE LAME STREET CITY-S CITY-S CITY-S	ADDRESS T-ZIP ADDRESS		⊶ 🖃 Change ౨	Addition.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JACKSONVILLE, FL V STODDART, EDGAR 440 MORNING GLOR JACKSONVILLE, FL	G. Y LANE NORT 32258 R. Y LANE NORT 32258	H 23S 2.40 2.31 2.35 2.40 3.17 3.2N 4.21 4.26	TITLE VAME STREET CITY-S TITLE VAME CITY-S TITLE VAME	ADDRESS T-ZIP ADDRESS		⊶ 🖃 Change ౨	Addition.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JACKSONVILLE, FL V STODDART, EDGAR 440 MORNING GLOR JACKSONVILLE, FL	G. Y LANE NORT 32258 □ DELET R. Y LANE NORT 32258 □ DELET	H 23S 2.4C 3.1T 32N H 33S 34.C E 4.1T 4.2N 4.3S 4.4C	TITLE STREET CITY-S' TITLE STREET CITY-S' TITLE NAME STREET STREET STREET STREET STREET STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JACKSONVILLE, FL V STODDART, EDGAR 440 MORNING GLOR JACKSONVILLE, FL	G. Y LANE NORT 32258 □ DELET R. Y LANE NORT 32258 □ DELET	H 23S 2.40 2.31 3.17 3.2 N 4.26 4.17 4.26 4.27 5.2 N 5.38	TITLE STREET CITY-S' TITLE LAME STREET CITY-S' TITLE NAME STREET TITLE NAME STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JACKSONVILLE, FL V STODDART, EDGAR 440 MORNING GLOR JACKSONVILLE, FL	G. Y LANE NORT 32258 R. Y LANE NORT 32258 DELET	H 23S 2.40 2.31 3.17 3.2 N 4.26 4.17 4.26 4.35 4.40 5.2 N 5.38 5.46	TITLE VAME STREET CITY-S TITLE VAME STREET STREET TITLE VAME STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS		☐ Change ☐ Change	Addition Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO
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CITY-ST-ZIP