

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90010 018 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J35101 ✓

1. Corporation Name

THE SY-KLONE COMPANY

Principal Place of Business

6541-1 POWERS AVE
JACKSONVILLE FL 32217

Mailing Address

P.O. BOX 550859
JACKSONVILLE FL 32255-0859
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1986

4. FEI Number

59-2716912

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HOULD, STEPHEN A
708 N THIRD ST
JACKSONVILLE BCH FL 32250

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

444 Third Street

83

84 City

Neptune Beach

FL

85 Zip Code

32266

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 VCD
NAME MOREDOCK, WILLIAM J.
STREET ADDRESS 6541-1 POWERS AVE
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE DP
NAME MOREDOCK, JAMES G.
STREET ADDRESS 6541-1 POWERS AVE
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VD
NAME ANDERSON, WARREN
STREET ADDRESS 6541-1 POWERS AVE
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE TSD
NAME MOREDOCK, FRANCES P
STREET ADDRESS 6541-1 POWERS AVE
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE D
NAME HOULD, STEPHEN A
STREET ADDRESS 708 NORTH THIRD STREET
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE D
NAME BROWN, DAVID
STREET ADDRESS 6541 POWERS AVE
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Alan W. Rossiter
1.3 STREET ADDRESS 6541-1 Powers Ave
1.4 CITY-ST-ZIP Jacksonville FL 32217

☐ Change ☒ Addition

2.1 TITLE VD
2.2 NAME MOREDOCK, David J.
2.3 STREET ADDRESS 6541-1 Powers Ave
2.4 CITY-ST-ZIP Jacksonville FL 32217

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Frances P. Moredock FRANCES P. MOREDOCK 09/10/99 904-448-6563

CR2E034 (5/99)