

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 30, 1999 8:00 am
Secretary of State

04-30-1999 90001 026 ***150.00

DOCUMENT # K36133

1. Corporation Name
MIKE JUSTUS SALES, INC.

Principal Place of Business
C/O CHARLES S DAYHOFF
P O BOX 1904
PALMETTO FL 34220
US

Mailing Address
C/O CHARLES S DAYHOFF
P O BOX 1904
PALMETTO FL 34220
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1988

4. FEI Number
59-2913048

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 P.O. Box 8033

Suite, Apt. #, etc.

22 Long Bear Key FL

City & State

23 34228 SARASOTA

Zip

Country

24

2a. Mailing Address

26 P.O. Box 8033

Suite, Apt. #, etc.

27 Long Bear Key FL

City & State

28 34228 SARASOTA

Zip

Country

29

9. Name and Address of Current Registered Agent

DAYHOFF, CHARLES S., III
CORNERSTONE CENTRE
3830 TAMPA ROAD, SUITE 150
PALM HARBOR FL 34684

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 PDV ☐ DELETE

NAME JUSTUS, MICHAEL DAVID

STREET ADDRESS P O BOX 1904

CITY-ST-ZIP PALMETTO FL 34220

TITLE DS ☐ DELETE

NAME JUSTUS, SUSAN L.

STREET ADDRESS P O BOX 1904

CITY-ST-ZIP PALMETTO FL 34220

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDV ☒ Change ☐ Addition

1.2 NAME JUSTUS, MICHAEL DAVID

1.3 STREET ADDRESS P.O. Box 8033

1.4 CITY-ST-ZIP Long Bear Key FL 34228

2.1 TITLE DS ☒ Change ☐ Addition

2.2 NAME JUSTUS, SUSAN L.

2.3 STREET ADDRESS P.O. Box 8033

2.4 CITY-ST-ZIP Long Bear Key FL 34228

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

M. JUSTUS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99
Date

941-383-6454
Daytime Phone #

0482187

CR2E034 (1/98)