FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K52484** **(8)**

1. Corporation Name

J.F. SINK & SONS, INC.

Principal Place of Business	Mailing Address
% DONNA J. SINK 450 92ND AVE. NORTH ST. PETERSBURG FL 33702	% DONNA J. SINK 450 92ND AVE. NORTH ST. PETERSBURG FL 33702

3. Date Incorporated or Qualified: **12/20/1988**
3a. Date of Last Report: **02/21/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-2919341** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SINK, DONNA J.
450 92ND AVE. NORTH
ST. PETERSBURG FL 33702

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 _____ DATE
Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Required Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SINK, DONNA J.		1.2 NAME		
STREET ADDRESS	450 92ND AVE. NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SINK, FRANK J		2.2 NAME		
STREET ADDRESS	450 92ND AVE. N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	2VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SINK, KELY A		3.2 NAME		
STREET ADDRESS	646 80TH AVE NO		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33702		3.4 CITY-ST-ZIP		
TITLE	TVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SINK, KENT		4.2 NAME		
STREET ADDRESS	450 92ND AVE NO		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33702		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SINK, KIRK		5.2 NAME		
STREET ADDRESS	757 42ND AVE. N.E.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33703		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DESROSIER, ROGER		6.2 NAME		
STREET ADDRESS	13333 RIDGE RD., APT 2104		6.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: J. Frank Sink J. Frank Sink 1-6-96 813-576-3339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #