Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90193 021 ***150.00

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 # K63015

SOUTHL	AND FIRE SPRII	nkler com	PANY													
Principal Place	of Business		Mailing Address						H	Lårdikt byd o rked 141	UR VI LLET II	INDI BILL BIL		() 0)0 7	MAT MIMIL IMMI	
1753 SPRIMG CREEK DR SARASOTA FL 34239 US			1753 SPRING CREEK SARASOTA FL 34239 US							DO N	OT WRI	ITE (N T)	- IS SPAC	DE		
			••							corporated or C	Qualifed					
2. Principal Pl	ace of Business		2a. Mailing Address					1 "	FEI Nu					Apr	lied For	
21			26						65-01	72944				Not	Applicable	
Suite, Apt.	#, etc.	·	Suite, Apt. #, etc.					5	Certife	ate of Status De	sired			-	ditional	
22			27					J.			,01100			Fee Red		
City & 5 tate	9		City & State							n Campaign Fin und Contributio	_			5.00 to	May Be Fees	
Žip	Cour	try	Zip		Country	,		8.	This co	rporation owes	the curi	rent year	Intangibl	e		
24	25 29				30			Personal Property Tax.					Y	☐ Yes ☐ No		
	9. Name and Add	ress of Current	Registered Agent					10.	Name	and Address o	f New I	Register	d Agent	<u>t</u>		
					81	Na	me									
CARSON, JEFFREY R.						Str	eet Aric	iress (P	O Box	Number is Not	Accept	able)				
1753 SPRING CREEK DR						"					, .					
SAR	ASOTA FL 34239				83	T										
					84	Cit	 -						85	Zip C	ode	
					84	Cit	y					F	:L °°	Zip C	,oue	
office or re	egistered agent, or bo	th_in the State ct	and 607.1508, Florida Statu Florida. Such change was ons of, Section 607.0505, Fl	autho	rized by	the c	ned cor orporat	poration ion's bo	submit ard of d	s this statemen lirectors. I here	t for the	purpose pt the ap	of chang pointmen	jing its t as rec	egistered stered	
SIGNATUF:E															\	
<u> </u>	Signature, typed or printed na			IE, Regi		nt signa	ture requir	red when re		ONS/CHANGES	TO 05	DATE		ECTO	DS IN 12	
12.	Р	OFFICERS AND	DELETE		13. 1.1 TITLE		E)	· · · · · · ·	AUDITIN.	JNS/CHANGES	100	FICENS		hange	Addition	
TITLE	CARSON, K R						[-	erec	n	Jeffrey	, R		94.			
NAME		EEK DD			1.2 NAME		,	_		inggree	-)r				
STREET ADDRESS	1753 SPRING CR				1.3 STREE					Fla 34						
CITY-ST-ZIP	SARASUTA FL 34	SARASOTA FL 34239		_	1.4 CITY-5			dide	OUC	Fra 3	4-1	i	- 040	hange	Addition	
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NAME					2.2 NAME		C'a	arso	on L	ois M						
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CITY-ST-ZIP				_	2.4 CITY-	 		aras	ota	F1a 3	1239)——		hange	Addition	
TITLE			☐ DELETE	- 1	3 1 TITLE									Hange	Addition	
NAME	!				3.2 NAME											
STREET ADDRESS					3.3 STREE		ESS								}	
CITY-ST-ZIP				_	3.4. CITY-5	ST-ZIP								'honge	Addition	
TITLE			☐ DELETE		41 TITLE									Change	Addition	
NAME					4, 2 NAME											
STREET ADDRESS				į	4.3 STREE	TADDR	ESS									
CITY-ST-ZIP					4.4 CITY-S	T-ZIP										

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 armost 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 attact print with an address, with all other like empowered.

51TITLE

52 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICE & OR DIRECTOR

DELETE

DELETE

4/26/99 941-366-7046

Date Phone #

Change

Change

Addition

☐ Addition