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

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90079 018 ***150.00

1. Corporatio	MENT # L16407 IN NAME ES AND SHARPENING INC.	·			
Principal Plac	e of Business	Mailing Address			DIBN BIDN BIDN BIBN DIBN 1001
2805 US 27 NORTH 2805 US 27 NORTH					
SEBRING FL 33870 SEBRING FL 33870				(•
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
				09/14/1989	
· '	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	<u>. </u>	65-0156661	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired -	\$8.75 Additional Fee Required
City & Stat	· · · · · · · · · · · · · · · · · · ·	City & State		6 Floring Company Financia	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year In	
24	25	29 30		Personal Property Tax.	Yes DNo
	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered	Agent
			81 Name		
OBERHAUSEN, FRANK C., JR. 241 S. COMMERCE AVE.			92 Street Adds	ess (P.O. Box Number is Not Acceptable)	
			Sheet Addi	ess (F.O. Dox Number is Not Acceptable)	
SEBRING FL 33870			83		
Į			84 City		85 Zip Code
			84 City	FL	_ las Zip Code
11. Pursuant office or i agent. I a	registered agent, or both, in the State of the familiar with and accept the obligat	of Florida. Such change was authorights of, Section 607.0505, Florida	the above-named corporation of the corporation of t	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	f changing its registered introduced interest as registered
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME.	HAAS, WILLIAM J.		1.2 NAME		ĺ
STREET AODRESS	2805 US 27 NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		1.4 CITY-ST-ZIP		}
TITLE	DST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLEARWATERS, ANN M.	Į.	2.2 NAME	•	
STREET ADDRESS	2805 US 27 NORTH		2.3 STREET ADDRESS	.•	[
CITY-ST-ZIP	SEBRING FL		2. 4 CITY-ST-ZIP		
TITLE)	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		}
STREET ADDRESS	-		3.3 STREET ADDRESS	•	Į
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	, -	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition ☐
NAME		· •	4. 2 NAME		\
STREET ADDRESS	•	٠,	4.3 STREET ADDRESS		
CITY-ST-ZIP		(1) DE1 EAR	4.4 CITY-ST-ZIP		D Change D Addition
TITLE			5.1 TITLE	,	☐ Change ☐ Addition
NAME		•	5.2 NAME	•	}
STREET ADDRESS	1		5.3 STREET ADDRESS		
CITY-ST-ZIP		1	SAOTV OT 710	•	
			5.4 C/TY-ST-Z/P		Change Addition
TITLE			6.1 TITLE		Change Addition
	:				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.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

941-385-7822 Daytime Phone #