

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90163 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L27479

1. Corporation Name
STRICKLER BROS., INC.

Principal Place of Business 17568 ROCKEFELLER CR. STE. 4 FT. MYERS FL 33912 US	Mailing Address 17568 ROCKEFELLER CR. STE. 4 FT. MYERS FL 33912 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/02/1989		4. FEI Number 65-0159654		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent STRICKLER, STEVEN J. 8145 GULL LN FT. MYERS FL 33912				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRICKLER, STEVEN J			1.2 NAME			
STREET ADDRESS	8145 GULL LN			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRICKLER, DANIEL S			2.2 NAME			
STREET ADDRESS	17257 PHLOX DR., S.E.			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRICKLER, DEAN A			3.2 NAME			
STREET ADDRESS	18558 DOGWOOD RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			3.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRICKLER, GARY L			4.2 NAME			
STREET ADDRESS	18239 USEPPA RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			4.4 CITY-ST-ZIP			
TITLE	VP/SEPTIC TANK OPERATIONS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ANTHONY, SUSAN			5.2 NAME			
STREET ADDRESS	P.O. Box 2031			5.3 STREET ADDRESS			
CITY-ST-ZIP	Fort Myers, FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/99 941-267-2050

CR2E034 (11/98)