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

29

9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1998

25

GARVIN, STEVEN R. 7061 \$. TAMIAMI TRAIL

SUITE 110



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SRG SALES, INC.

rincipal Place of Business	Mailing Address	1 DEDITOR DER BILD BILLE DER BIOTE BIOTE SEBEL BIOLI DIST.	WALL BLOOK BISES 1861	
7061 8. Tamiami trail 8TES 110 Sarasota fl. 34231	7061 S. Tamiami Trail Ste 110 Sarasota Fl 34231	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
US	US			
		03/07/1990		
Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For	
	26	65-0178226	Not Applicable	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	5 Certificate of Status Desired	3.75 Additional Fee Required	
City & State	City & State		5,00 May Be Added to Fees	
Zip Country	Zip Country	8. This corporation owes or has paid the current y	ear Intangible	

SARASOTA FL 34231 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, and accept the obligations of Section 607.0505. Florida Statutes

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agon, Farmannia with, and decept the congunition of account of account.					
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 DELI	TE 1.1 TITLE	Change Addition		
NAME	GARVIN, STEVEN R.	1.2 NAME			
STREET ADDRESS	7061 S. TAMIAMI TRAIL STE 110	1,3 STREET ADDRE	RESS		
CITY-ST-ZIP	\$ARASOTA FL	1.4 CITY - ST - ZIP	P		
TITLE	☐ DELI	TÉ 2.1 TITLE	Change Addition		
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRE	RESS		
CITY-ST-ZIP		2. 4 CITY - ST - ZIP	p		
TITLE	DELI		Change Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRE	RESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP	P		
TITLE	DELI	TE 4.1 1/TLE	Change Addition		
NAME		4, 2 NAME			
STREET ADDRESS		4.3 STREET ADDRE	RESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	P		
TITLE	□ DELU	TE 5.1 TITLE	Change Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRE	RESS		
CITY-ST-ZIP		54 City-St-Zip			
TITLE	DELI	TE 6.1 TITLE	Change Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRE	RESS		
OFF TO VIA		GACITY ST 7ID	,		

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 a didress.

4/10/190

FILED

May 14 1998 8:00am

Secretary of State

X Yes

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Personal Property Tax due Jurie 30.

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent