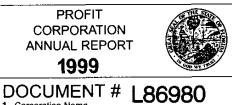
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

SB CONSOLIDATED, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90023 049 \*\*\*150.00

Principal Place of Business Mailing Address						1)	01011 810H 1001	
TOD TIEGO GITTLE GITTLE			PO BOX 6840 TALLAHASSEE FL 32314-6840					
US US					DO NOT WRITE IN THIS SPACE		JIS SPACE	
,						3. Date Incorporated or Qualifed 07/12/1990		
2. Principal P	lace of Business	2a.	Mailing Address			4. FEI Number	A	oplied For
21		26	-			59-3026367	XN	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional
22		27				3. Certificate of Otatus Desired	Fee Ro	equired
City & State	е	28	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	1 '	Zip	Cou	ntry	8. This corporation owes the current year	Intangible	
24	25	29	3	0		Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Regist	ered Agent			10. Name and Address of New Registere	d Agent	
	SPICUT POUCLES				81 Name	WAINRIGHT, DOUGLAS I	ız	
WAINRIGHT, DOUGLAS					82 Street Add	dress (P.O. Box Number is Not Acceptable)	<b>\</b>	
730 W. GAINES ST.						ROUTE 1, BOX 146-B		
· IALL	AHASSEE FL 32304				83			
					84 City	LAMONT	85 Zjp	S38
11 Dureuant	to the provisions of Sections 607 050	)2 and 60	7 1508 Florida Statutes	the a	bove-named cor	tion submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State	of Florida	a. Such change was aut	iorizae	by the corporat	ion's board of directors. I hereby accept the app	ointment as re	egistered
agent. I ai	m familiar with, and accept the obliga	mons of	Section 607.0505, Florid	لللقائد	<del>1100:</del>	1-19-99		
SIGNATURE	Signature, typed or printed name of registered age	nt and mig if	ancie die (NOTE)	egistered	Agent signature requir			
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	PST		☐ DELETE	1.1 11	TLE .		☐ Change	☐ Addition
NAME }	WAINRIGHT, DOUGLAS K			1.2 NA	ME			ł
STREET ADDRESS	ROUTE 1, BOX 146B			13 ST	REET ADDRESS			
CITY-ST-ZIP	LAMONT FL 32336			1.4 CT	TY-ST-ZIP		<b>***</b>	
TITLE	VP		☐ DELETE	2.1 TF	Π.E	,	Change	☐ Addition
NAME	JOHNSON, MARY JANE			2.2 N	ME			}
STREET ADDRESS	RT 4 BOX 228			2.3 ST	REET ADDRESS			•
CITY-ST-ZIP	Havana Fl			2.4 Ç	ITY-ST-ZIP			
TITLE			☐ DELETE	3.1 TT	T.E	VP	☐ Change	X Addition
NAME				3.2 NA	WE	FENTON, MICHELLE, L		
STREET ADDRESS				3.3 ST	REET ADDRESS	1335 CASTELNAU COUR		
CITY-ST-ZIP					TY-ST-ZIP	TALLAHASSEE, FL 32	301	□ Addition
TITLE			☐ DEFELE	4 1 TT			☐ Change	☐ Addition
NAME				4 2 N	AME			
STREET ADDRESS				4.3 ST	REET ADDRESS			
CITY-ST-ZIP				-	TY-ST-ZIP		☐ Change	Addition
TITLE			☐ DELETE	5.1 TF			□ change	☐ Addition
NAME				5.2 N/	Į.			
STREET ADDRESS				1	REET ADDRESS			
CITY-ST-ZIP			□ priete	5.4 CI 6.1 TI	TY-ST-ZIP		☐ Change	Addition
TITLE			☐ DELETE	6.1 N			change	
NAME								{
STREET ADDRESS					REET ADDRESS			
CITY-ST-ZIP				6.4 C	TY-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: