P00000026530 **DOCUMENT #**

1. Entity Name

SAPP BROTHERS, INC.

Principal Place of Business

1748 SECOND STREET LAKE PLACID FL 33852 Mailing Address

1748 SECOND STREET LAKE PLACID FL 33852

2. Principal Place of Business 3. Mailing Address

FILED Apr 16, 2002 8:00 am Secretary of State

04-16-2002 90178 018 ***150.00



70 Harrison Rd			PO BOX 1783									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	PIACID	FL	City & State T	Phoi	d, FL	4. F	El Number 65	-0993263		\rightarrow	pplied For ot Applicable	,
Zip 328 5	ડેટ ા	uSA	3862.	1783	Country	5. C	Certificate of Statu	us Desired [8.75 Ad ee Require		
	6. Name and	Address of Current Re	gistered Agent			7. N	lame and Addre	ss of New Regis	tered A	gent		\Box
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LAKE PLA	CID FL 33852										٦	
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			City FL Zip Code							1		
8. The above	named entity sub	mits this statement for the	ne purpose of chan	nging its regi	istered office or	registered age	ent or both in the	e State of Florida				1
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SIGNATURE.	Signature, typed or print	ted name of registered agent and	title il applicable.	(NOTE: Reg	istered Agent signatu	re required when rei	instating)		DATE			
				NOW!!! F		<u> </u>						7
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13. 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 report or supplemental 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 11 or Block 12 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