

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 19 PM 3:53

DOCUMENT # P04000077135

1. Entity Name
STROTHER BROTHERS, INC.



Principal Place of Business
4718 FRENCH ST
JACKSONVILLE, FL 32205 US

Mailing Address
4718 FRENCH ST
JACKSONVILLE, FL 32205 US

REINSTATEMENT 06-07



2. Principal Place of Business - No P.O. Box #
7750 LENOX AVE
Suite, Apt. #, etc.

3. Mailing Address
7750 LENOX AVE
Suite, Apt. #, etc.

02022007 REIN-P CR2E098 (1/07)

City & State
JACKSONVILLE, FL
Zip 32210 Country

City & State
JACKSONVILLE, FL
Zip 32210 Country

4. FEI Number
20-1133484
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STROTHER, KEVIN
5372 COLONIAL AVENUE
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

900089299539
02/27/07--01010--018 **\$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME P,T
STREET ADDRESS STROTHER, CARTER W JR
CITY-ST-ZIP 4718 FRENCH ST.
JACKSONVILLE, FL 32205 ☐ Delete

TITLE
NAME VP,S
STREET ADDRESS STROTHER, JOEL A
CITY-ST-ZIP 4718 FRENCH ST
JACKSONVILLE, FL 32205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

CARTER STROTHER
PRESIDENT

2/9/07 904237-4428
Date Daytime Phone #