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

## Sep 29 1998 8:00am **PROFIT** CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P12836 **DOCUMENT #** 1. Corporation Name Sterling Services, Inc. Principal Place of Business 310 Senate St Malling Address P.O. Box 5996 DO NOT WRITE IN THIS SPACE Columbia, SC 29250 Columbia, SC 29202 Date Incorporated or Qualified 12/31/86 Applied For Principal Place of Business South Carolina 2a. Malling Address 570751381 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country Zin Country 8. This corporation owes or has paid the <u>current year intangible</u> Personal Property Tax due June 30. Yes 3 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Douglas Cope Street Address (P.O. Box Number is Not Acceptable) 82 7012 Yellow Bluff Rd 63 Panama City, FL City Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **OFFICERS AND DIRECTORS** 13. 12. President 1.1 TITLE TITLE DELETE Change Addition Walter Bull 1.2 NAME NAME 1704 Catawba St STREET ADDRESS 1.3 STREET ADDRESS Columbia, SC CITY - ST - ZIP 1.4 CITY - ST - ZIP secretary 2.1 TITLE DELETE TITLE Change Addition Frances Bull 2.2 NAME NAME 1704 Catawba St 2.3 STREET ADDRESS STREET ADDRESS Columbia SC CITY - ST - ZIP 2.4 CITY - ST - ZIP 3.1 TITLE TITLE DELETE Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP 4.1 TITLE TITLE ☐ DELETE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE 7000026528 5.2 NAME NAME -09/30/98--01080--**01**1 STREET ADDRESS **5.3 STREET ADDRESS** 6.4 CITY - ST - ZIP \*\*\*550.00 CITY - ST - ZIP 6.1 TITLE Change TITLE DELETE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

**FILED** 

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Daytime Phone #

Date