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FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90031 011 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37386

1. Corporation Name

STRIPLING PROPERTIES, INC.

John W. Stripling

Principal Place of Business

CANAL STREET, BOX 73
SUWANNEE FL 32692
US

Mailing Address

2519 OVERLAKE LANE
STOCKBRIDGE GA 30281

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1992

4. FEI Number

58-1973246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRIPLING, J. DAVID
CANAL STREET, BOX 73
SUWANNEE FL 32692

81 Name

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

83

84 City

FL

85 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. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

John W. Stripling

President

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRIPLING, KEITH W	1.2 NAME	
STREET ADDRESS	2580 BRUSHY NOB LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STOCKBRIDGE GA 30281	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRIPLING, SARA J.	2.2 NAME	
STREET ADDRESS	2519 OVERLAKE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	STOCKBRIDGE GA 30281	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, DEBBIE M.	3.2 NAME	
STREET ADDRESS	805 GARDNER RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STOCKBRIDGE GA 30281	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRIPLING, DONNA LISA	4.2 NAME	
STREET ADDRESS	3816 LONDON DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DECATUR GA 30032	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRIPLING, J. DAVID	5.2 NAME	
STREET ADDRESS	CANAL STREET BOX 73	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUWANNEE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRIPLING, KEVIN M.	6.2 NAME	
STREET ADDRESS	2612 ABBEY RIDGE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CONYERS GA 30208	6.4 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, with all other like empowered.

SIGNATURE:

John W. Stripling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

DATE

2/9/99

Daytime Phone #

CR2E034 (11/98)