

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90014 010 ***150.00

DOCUMENT # P93000030719

1. Corporation Name

SOUTH BAY ALLIANCE, INC.



Principal Place of Business

102-A W SHELLPOINT RD
RUSKIN FL 33570
US

Mailing Address

102-A W SHELLPOINT RD
RUSKIN FL 33570
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1993

4. FEI Number

59-3187568

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

21 1203 1st SW

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Same

23 City & State

Ruskin, FL

28 City & State

29 Zip

Country

24 33570

25

US

29

30

9. Name and Address of Current Registered Agent

DAVIS, ANNE W
102-A W SHELLPOINT DR
RUSKIN FL 33570

10. Name and Address of New Registered Agent

81 Name DAVIS, ANNE W.

82 Street Address (P.O. Box Number is Not Acceptable)
1203 1st SW

83

84 City Ruskin

FL

85

Zip 33570

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOT E-Registered Agent signature required when reinstating)

DATE

4-22-99

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
COUNCIL, SANDRA R
102-A W SHELLPOINT RD
RUSKIN FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ANNE W. DAVIS
102-A W. SHELLPOINT
RUSKIN FL 33570

☐ 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

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1203 1st SW
RUSKIN FL 33570

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
1203 1st SW
RUSKIN FL 33570

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

645-7710

4/22/99

CR2E034 (1/98)

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