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

DOCUMENT # P93000071865

S.G.M. INVESTMENTS, INC.

Principal Place	of Business	Mailing Address						
938 BUCCANEE		938 BUCCANEER DI	RIVE				•	
LAKELAND FL 3		LAKELAND FL 33801				DO NOT WRITE IN	THIS SPACE	
US		US				Date Incorporated or Qualifed		
						10/11/1993		
1 Deinstead Di	ace of Business	2a. Mailing Address	s			4. FEI Number	Ap	plied For
	ace of Business	26	-		-	59-3212382	.No	t Applicable
Suite, Apt.	# oto	Suite, Apt. #, el	tc.				\$8.75	Additional
¬ ''	#, etc.	27				5. Certificate of Status Desired	Fee Re	quired
City & State	<u> </u>	City & State	·· ·			6. Election Campaign Financing	\$5.00	May Be
¬ ′		28				Trust Fund Contribution	Added 1	o Fees
23	Country	Zip	Co	ountry		8. This corporation owes the current y	ear Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
24	9. Name and Address of Curren					10. Name and Address of New Regis	tered Agent	
				81	Name	;		
WAII	re, glenn e			82	Stroot Addr	ress (P.O. Box Number is Not Acceptable)		
938	BUCCANEER DR			62	Silest Audi		اً <u>می اها اه حدد از مین جی دیا ه</u> ید یک	*. 12 * 14 * 15 * 15 * 15 * 15 * 15 * 15 * 15
LAKI	ELAND FL 33801			83			数 计编译数	
							85 Zip	Code
					City		FL T	
44 Dureyant	to the provisions of Sections 607 050	2 and 607.1508. Florida	Statutes, the	above-	named corp	poration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing its	registered
office or r	egistered agent, or both, in the State	of Florida, Such change	was authoriz	zed by th	he corporation	on's board of directors. I hereby accept the	appointment as re	gisterea
agent, I a	m familiar with, and accept the obligat	tions of, Section 607.05	oo, Florida Si	taterce.			1/2/1/22	
3-	5///	G 111				1	1121199	I
SIGNATURE	Slopature, typed or printed name of registered agen	and title if applicable.	ute	1/RE	SIDENU signature require	ed when reinstating); (77.)	1/21/99	
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN		(NOTE: Registe	1/RE	SIDEV signature require	ad when reinstating): '2322', D ADDITIONS/CHANGES TO OFFICE		
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SIGNATURE 12. TITLE	OFFICERS AN	D DIRECTORS	(NOTE: Register	RE ered Agent s 3.	SIDEN signature require	ed when reinstating); (77.)		
SIGNATURE 12. TITLE NAME	OFFICERS AN PVST WAITE, GLENN E	D DIRECTORS	(NOTE: Registe 1: ETE 1.1	RE ered Agent : 3. 1 TITLE	signature require	ADDITIONS/CHANGES TO OFFICE		
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6.4 CITY+ST-ZIP

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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.

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90054 049 ***150.00

941-665-1388