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 # **P94000015287**1. Corporation Name

SOUTHERN KRAFT CORPORATION

Principal Place	e of Business	Mailing Address		* 10071004 110 30111 01017 00111 00111 00111		
7782 FISHER IS	SLAND DR	7782 FISHER ISLAND DR				
FISHER ISLAND		FISHER ISLAND FL 33109	•			
}				DO NOT WRITE IN	N THIS SPACE	
				3. Date Incorporated or Qualifed		
				02/22/1994		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
·	1	26	•	65-0475246	Not Applicable	
Suite, Apt.	# ota	Suite, Apt. #, etc.		00 041 0240	\$8.75 Additional	
	#, etc.	<u>⊢</u>		5. Certifcate of Status Desired	Fee Required	
22		27	·			
City & Stat	ie ,	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	····	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current y	<u> </u>	
24	. 25	29	30	Personal Property Tax.	XYes □ No	
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Regis	tered Agent	
		FUNCTION ST	81 Name			
WOL	LFE, LARRY	NAS	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
200	A KNOX ROAD	.23 V	52 Sileet Aud	iress (F.O. Box reuniber is red Acceptable)		
ì tall	LAHASSEE FL 32303-6643		83	State and Constitution	THE PARTY OF THE P	
· ·			<u> </u>	· · · · · · · · · · · · · · · · · · ·	《特色》的,自己,例如《特)的	
			84 City		FI 85 Zip Code	
11 Pursuant	41. 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 r	egistered agent or both in the St	ate of Elected Cush shares was	with a size of but the cornerat	i	appointment as registered	
l cilico oi i	egistered agent, or bount in the off	ate of Frontia. Such change was	iumorized by the corporat	ion's board of directors, i hereby accept the	appointment as registered	
agent. I a	m familiar with, and accept the obl	ligations of, Section 607.0505, Fl	prida Statutes.	ion's board of directors. I hereby accept the	· appointment as registered	
agent. I a	im familiar with, and accept the ob	ligations of, Section 607.0505, Fig	onda Statutės.	•	•	
agent. I a	im familiar with, and accept the obling signature, typed or printed name of registered	agent and title if applicable. (NOT	onda Statutes. E: Registered Agent signature requir	ed when reinstating)	ATE	
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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 or an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

5.4 CITY+ST+ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

7762年新兴发工

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90026 006 ***150.00

☐ Change

☐ Addition