

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041102 (2)

1. Corporation Name

SINK CORPORATION



Principal Place of Business

8160 BAYMEADOWS WAY WEST
JACKSONVILLE FL 32256

Mailing Address

8160 BAYMEADOWS WAY WEST
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified
06/01/1994

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

110

2a. Mailing Address

26

Suite, Apt. #, etc.

110

23. City & State

23

Zip

Country

28. City & State

28

Zip

Country

24

25

29

30

4. FEI Number

59-3254999

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 has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SINK, RIDGE
8160 BAYMEADOWS WAY WEST
SUITE 220 110
JACKSONVILLE FL 32256

81. Name

SINK, RIDGE

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

8160 BAYMEADOWS WAY WEST

83.

SUITE 110

84. City

JACKSONVILLE

FL

85. Zip Code

32256

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SINK, RIDGE
STREET ADDRESS 8160 BAYMEADOWS WAY WEST #220
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME SINK, RIDGE
1.3 STREET ADDRESS 8160 BAYMEADOWS WAY WEST #110
1.4 CITY-ST-ZIP JACKSONVILLE FL 32256

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 904-448-2061

Date Daytime Phone #

CR2E034 (12/95)