

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P94000043690 (4)**

1. Corporation Name
SIK, INC.

Principal Place of Business
**35000 EMERALD COAST PKWY
DESTIN FL 32541
US**

Mailing Address
**P.O. BOX 30
DESTIN FL 32540
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/10/1994

4. FEI Number
59-3256221

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

**JAMES S. OLIN
35000 EMERALD COAST PKWY
DESTIN FL 32541**

10. Name and Address of New Registered Agent

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 607.0512 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)

1/2/98

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **GRIMSLEY, JAMES W**
STREET ADDRESS **25 WALTER MARTIN RD NE**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE **PD** ☐ DELETE
NAME **WILLIAM W. ABBOTT, JR.**
STREET ADDRESS **35000 EMERALD COAST PKWY**
CITY-ST-ZIP **DESTIN FL**

TITLE **VPD** ☐ DELETE
NAME **ANGUS G. ANDREWS, JR.**
STREET ADDRESS **35000 EMERALD COAST PKWY**
CITY-ST-ZIP **DESTIN FL**

TITLE **STD** ☐ DELETE
NAME **STEPHEN J. ABBOTT**
STREET ADDRESS **35000 EMERALD COAST PKWY**
CITY-ST-ZIP **DESTIN FL**

TITLE **D** ☐ DELETE
NAME **STEINER, JAMES R. JR.**
STREET ADDRESS **35000 EMERALD COAST PARKWAY**
CITY-ST-ZIP **DESTIN FL**

TITLE **D** ☐ DELETE
NAME **VAN DIVER, SUE C.**
STREET ADDRESS **35000 EMERALD COAST PARKWAY**
CITY-ST-ZIP **DESTIN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 its 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 this address.

SIGNATURE:

William W. Abbott Jr 1-9-98

(85)
654-4437

CR2E034 (10/97)