PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000091493

1. Corporation Name

SOFA TUCKERS, INC.

Principal Place of Business

Mailing Address

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90079 014 ***150.00



73 SAN MARCO AVENUE 73 SAN MARCO AVEN ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32					DO NOT WRITE IN THIS SPACE			
	The second secon			_	3. Date Incorporated or Qualified 12/16/1994			
2.	Principal Place of Business	2a. Mailing Address	-		4. FEI Number Applied For			
21		26	~		58-1625704 × Not Applicable			
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired See Required			
23	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
24	Zip Country	Zip Col	untry		8. This corporation owes the current year Intangible Personal Property Tax.			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
DAMINO DAMINA				Name	· Post in			
BAVUSO, DAMIAN J 24 CATHERDRAL PL STE 200 ST. AUGUSTINE FL 32084			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83	3 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
	•		84	City	FL 85 Zip Code			
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								

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE									
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12					
TITLE	D DELETE	1,1 TITLE	☐ Change	☐ Addition					
NAME	TUCKER, WILLIAM I	1.2 NAME	THE CONTRACTOR						
STREET ADDRESS	73 SAN MARCO AVE.	1.3 STREET ADDRESS	s SAMESON						
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	1.4 CITY-ST-ZIP							
TITLE	D DELETE	2.1 TITLE	☐ Change	Addition					
NAME	TUCKER, DEBORAH	2.2 NAME	447 CONTANTA						
STREET ADDRESS	73 SAN MARCO AVE.	2.3 STREET ADDRESS	s कर्म के किया के किया के किया के किया किया किया किया किया किया किया किया						
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	2.4 CITY-ST-ZIP							
TTILE	[] DELETE	3.1 TITLE	☐ Change	☐ Addition					
NAME		3.2 NAME	~						
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-\$T-ZIP		3.4. CITY-ST-ZIP							
TITLE	DELETE	4.1 TITLE	☐ Change	☐ Addition					
NAME		4. 2 NAME							
STREET ADDRESS		4.3 STREET ADDRESS	s						
CITY+ST-ZIP		4.4 CITY-ST-ZIP		_					
TITLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition					
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS	s						
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	☐ DELETE	6.1 TTTLE	☐ Change	Addition					
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS	s						
CiTY-ST-ZIP		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 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.