

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90253 038 ***150.00

DOCUMENT # P95000001456 (9) ✓

1. Corporation Name

EXCELSIOR CORPORATION

Principal Place of Business

501 S. FAULKENBERG RD
#D12
TAMPA, FL 33619
US

Mailing Address

501 S. FAULKENBERG RD
#D-12
TAMPA, FL 33619
US

3. Date Incorporated or Qualified

01/09/1998

3a. Date of Last R

05/01/1999

2. Principal Place of Business

21 813 E. Bloomingdale

2a. Mailing Address

26 813 Bloomingdale

Suite, Apt. #, etc.

22 Suite #425

Suite, Apt. #, etc.

27 Suite #425

City & State

23 BRANDON, FL

City & State

28 BRANDON, FL

Zip

24 33511

Country

25 Hillsborough

Zip

29 33511

Country

30 Hillsborough

4. FEI Number

59-3287648

5. Certificate of Status Desired

\$8.75
Fee R

6. Election Campaign Financing

\$5.00
Added

Trust Fund Contribution

8. This corporation has liability for intangible tax under s
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STERN, RANDY K
220 S FRANKLIN ST
TAMPA FL 33602

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

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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of officer or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BOSTON, LARRY D
STREET ADDRESS 5207 LITHIA-PINECREST ROAD
CITY - ST - ZIP LITHIA FL

☐ DELETE

TITLE D
NAME ELLIOTT, ROBERT C
STREET ADDRESS 2002 HWY 60 W
CITY - ST - ZIP PLANT CITY FL

☒ DELETE

TITLE D
NAME ELLIOTT, CHERYL B
STREET ADDRESS 2002 HWY 60 W
CITY - ST - ZIP PLANT CITY FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE ☐ Change

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 by me. 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 unchanged, or on an attachment with an address.

SIGNATURE:

Larry D Boston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99
DATE

Daytime Phone