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

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000014285 (7)

CINDI SUE, INC.

**FILED** Jan 15 1998 8:00am Secretary of State

Principal Place of Business Mailing Address		
2606 DADE AVENUE 2606 DADE AVENUE		
PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408		
	DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified	ļ	
02/20/1995		
<del> </del>	pplied For	
	ot Applicable Additional	
☐ 5. Certificate of Status Desired	equired	
	May Be	
	to Fees	
Zip Country Zip Country 8. This corporation owes or has paid the current year l		
	No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent		
HESS, BRIAN D 81 Name		
9108 FRONT BEACH ROAD  82 Street Address (P.O. Box Number is Not Acceptable)	<del></del>	
PANAMA CITY BEACH FL 32408	,	
83		
84 City 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 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	is registered registered	
SIGNATURE		
Signature, typod or printed neme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE D LICKY O	Addition	
NAME PENNINGTON, LACY O 1.2 NAME 1.3 STREET ADDRESS 2606 DADE AVENUE 1.3 STREET ADDRESS		
DASIANA OTV OTACILES 00400	[	
CITY-ST-ZIP PANAMA CITY BEACH PL 32408 1.4 CITY-ST-ZIP  TITLE D D DELETE 2.1 TITLE Change	Addition C	
NAME PENNINGTON, JUNE S 22 NAME	E	
AAAA DABE ALEKKIE		
DAMANA CITY PEACH EL 00400		
CITY-ST-ZIP PANAMA CITY BEACH FL 32408 2.4 CITY-ST-ZIP  TITLE DELETE 3.1 TITLE Change	Addition	
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	Addition	
NAME 4.2 NAME		
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TITLE DELETE 5.1 TITLE Change	Addition	
NAME 52 NAME	_	
STREET ADDRESS 5.3 STREET ADDRES	\	
CITY-ST-ZIP 5.4 CITY-ST-ZIP		
TITLE DELETE 6.1 TITLE Change	Addition	
NAME 6.2 NAME	]	
STREET ADDRESS 6.3 STREET ADDRESS	[	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	)	
	information	

indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a 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.