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

Mailing Address

1137 SOUTH NOVA ROAD

ORMOND BEACH FL 32174

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90232 008 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02/20/1995

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000014815

Corporation Name

Principal Place of Business

1137 SOUTH NOVA ROAD ORMOND BEACH FL 32174

SIGNATURE:

S & G INTERNATIONAL, INC.

|  |   |  |                      |                  |                                   | <u> </u>                                    |            |                                   |             |
|--|---|--|----------------------|------------------|-----------------------------------|---|------------|-----------------------------------|-------------|
| 2. Principal Pl                                | pal Place of Business 2a. Mailing Address   |  |                      |                  |                                   | · *   |            | <b>—</b>                          |             |
| 1  | 26  |  |                      |                  |                                   | 59-3296242                                  |            | <del></del> -                     |             |
| Suite, Apt.                                    | ite, Apt. #, etc. Suite, Apt. #, etc.   |  |                      |                  |                                   | 5. Certificate of Status Desired            | ]          | \$8.75 Additional<br>Fee Required |             |
| ` <u>                                     </u> |   |  |                      |                  |                                   | 6 Flection Campaign Financing -             |            | \$5.00                            | May Be      |
| 3  | 28  |  |                      |                  | Trust Fund Contribution           |   | ]<br>———   | Added to Fees                     |             |
| Zip  | Country   | Zip  | Cou                  | ıntry            |                                   | 8. This corporation owes the current        |            |                                   | _           |
| 4 29 30 30                                     |   |  |                      |                  |                                   | Personal Property Tax.                      |            | Yes                               |             |
|  | 9. Name and Address of Current I  | Registered Agent   |                      | Щ,               |                                   | 10. Name and Address of New Regi            | stered A   | .gent                             |             |
| HEAL   | DLEY, GARY R SR.  | 2.2. Mailing Address   4. FEI Number                           |                      |                  |                                   |   |            |                                   |             |
| BAYTONA BEACH PL 82119 Ormon D Bch, FI         |   |  |                      |                  |                                   |   |            | -                                 |             |
|  |   | 32   | 174                  | 84               | City                              |   | FI         | 85 Zip (                          | Code        |
| 14- Di   | the arminiment Sertion 607 NEO2   | and 607 4508 Florida Statuta                                   | a tha                | <u></u><br>bōōvo | -named come                       | eration submits this statement for the pur  | pose of c  | hanging its                       | registered  |
| office or r                                    | egistered agent, or both, in the State of   | Florida, Such change was at                                    | utnorize             | a by:            | the corporation                   | in's board of directors. I hereby accept th | e appoint  | tment as re                       | gistered    |
| agent. f ai                                    | m familiar with, and accept the obligatio   | ns of, Section 607.0505, Flor                                  | nda Stat             | utes.            |                                   |   |            |                                   |             |
| SIGNATURE                                      |   |  |                      |                  |                                   |   | DATE       |                                   |             |
| <del></del>                                    |   |  |                      |                  | t signature required              | 11/10/11/11/19/19                           |            | DIPECTO                           | DS IN 12    |
| 12.  |   |  | _                    |                  |                                   | ADDITIONS/CHANGES TO OFFIC                  | ERS AND    |                                   |             |
| me   | D   |  |                      | 1                |                                   |   |            | الما الما الما                    |             |
| NAME   | HEADLEY, GARY R SR.   | Tunippy In   | 1.2 N                | AME              | ļ                                 |   |            |                                   |             |
| STREET ADDRESS                                 | - 151 WESTWOOD DR 4//   | Duriper con  | 1.3 \$               | TREET            | ADDRESS                           |   |            |                                   |             |
| CITY-ST-ZIP                                    | DAYTONA BEACH FL 32119 Or   | MOND BCh FI  | €1.4 C               | ITY-ST           | Γ-ZIP                             |   |            |                                   |             |
| TITLE  | ST  | DELETA!  | 74 2.1 TITL          |                  |                                   | -   |            | ☐ Change                          | ☐ Addition  |
| NAME   | UEADLEY OADA D  | _  |                      |                  | }                                 | •   |            |                                   |             |
| STREET ADDRESS                                 | 151 WESTWOOD DR 47/   | Junipu Un  | 2.3 S                | TREET            | LADDRESS                          |   |            |                                   |             |
|  |   |  |                      |                  |                                   | •   |            |                                   |             |
| CITY-ST-ZIP<br>TITLE                           | 077,107,01,01,01  |  |                      |                  |                                   |   |            | ☐ Change                          | Addition    |
|  | V. I  |  |                      |                  |                                   |   |            | -                                 |             |
| NAME   | Kim White   | no.  |                      |                  |                                   |   |            |                                   |             |
| STREET ADDRESS                                 | 471 Juniper   | 7717/  |                      |                  |                                   |   |            |                                   |             |
| CITY-ST-ZIP                                    | Ormond Bch, FO  | A 30114  | _                    |                  | T-ZIP                             |   |            | Change                            | □ Addition  |
| TITLE  |   | [] DELETE  |                      |                  | [                                 |   |            | □ Criange                         |             |
| NAME   |   |  | 4.21                 | AME              | ì                                 | •   |            |                                   |             |
| STREET ADDRESS                                 |   |  | 4.3 \$               | TREET            | ADDRESS                           |   |            |                                   |             |
| CITY-ST-ZIP                                    |   |  | 4.4 C                | ITY-SI           | r-ZiP                             |   |            |                                   |             |
| TITLE  |   | ☐ DELETE   | 5.1 T                | TILE             | -                                 |   |            | ☐ Change                          | ☐ Addition  |
| NAME   |   |  | 5.2 N                | AME              |                                   |   |            |                                   |             |
| STREET ADDRESS                                 |   |  | 5.3 \$               | TREET            | FADDRESS                          |   |            | ,                                 |             |
| CITY-ST-ZIP                                    |   |  | 5.4 0                | ITY-\$1          | T-ZIP                             |   |            |                                   |             |
| TITLE  |   | ☐ DELETE   | 6.1 7                | TILE             | $\overline{}$                     |   |            | Change                            | ☐ Addition  |
| NAME   |   |  | 6.2 N                | IAME             |                                   |   |            |                                   |             |
|  |   |  | 6.3 S                | TREET            | [ ADDRESS                         |   |            |                                   |             |
| STREET ADDRESS                                 |   |  |                      |                  | 1                                 |   |            |                                   |             |
| CITY-ST-ZIP                                    | La contraction of the state of | this filing does not qualify for                               |                      |                  |                                   | ection 119 07(3\(i) Florida Statutes I fu   | ther certi | ify that the i                    | information |
| indicated officer or                           |   | innual report is true and accu<br>er or trustee empowered to e | rate and<br>xecute t | this re          | t my signature<br>eport as requir | red by Chapter 607, Florida Statutes; an    |            | name app                          |             |