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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000056646 (9) DOCUMENT

Principal Place of Business	Mailing Address	
4221 HIGHWAY 80 WEST PACE FL 32571	4221 HIGHWAY 90 WEST PACE FL 32571	

FILED Feb 13 1998 8:00am Secretary of State

SIERR	A REALTY, INC.			T TABLINGEN HIC HANDS GUND BAND BAND BOND BOND BOND BOND	BIND BIND BIND BING IBBI
Principal Pla	ce of Business	Mailing Address			#101# \$410 \$640 B100 1991
	AY DO WEST	4221 HIGHWAY 90 WEST		1	
PACE FL 32	571	PACE FL 32571		DO NOT WRITE IN THIS S	DACE
				3. Date Incorporated or Qualified	PACE
				07/21/1995	
	Place of Business	2a. Mailing Address	11 OA	4. FEI Number	Applied For
21		26 4024 HU	NY 70	59-3325147	Not Applicable
Suite, Api	#, etc.	Suite, Apt. #, etc.	<i>t</i>	5. Certificate of Status Desired	\$8.75 Additional
22 City & Sta	No.	City & State			Fee Required
	ite		-/	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Zip	Country	28 F. A. C. E. F.	Country		Added to Fees
24	25		o USA	8. This corporation owes or has paid the curr Personal Property Tax due June 30.	ent year intangible] Yes \(\bar{\mathbb{N}}\) No
841	9. Name and Address of Curre			10. Name and Address of New Registered A	
SI	MMONS, PHILLIP M		81 Name		
	221 HWY 90				
	ACE FL 32571	•	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
· ''	10 L (L 000) (83		
į.					
•			84 City	FL	85 Zip Code
11 Pursuani	to the provisions of Sections 607 050	22 and 607 1508. Florida Statutes	the above-named con	poration submits this statement for the purpose of	changing its registered
office or	registered agent, or both, in the State	of Florida. Such change was au	thorized by the corpora	ition's board of directors. I hereby accept the appoint	bintment as registered
agent i	am tamiliar with, and accept the oblig	jations of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	Signature, typod or printed name of registered ag	out and tille d gratication (NOT)	Registered Agent signature requ	ired when reinstaling) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE		Change Addition
NAME	SIMMONS, BRENDA J		1.2 NAME		
STREET ADDRESS	4221 HIGHWAY 90 WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PACE FL 32571		1.4 CITY-ST-ZIP		
TITLE	UVP	DELETE	2.1 T/TLE		Change Addition
NAME	SIMMONS, PHILLIP M		2.2 NAME		
STREET ADDRESS	4221 HWY 90		2.3 STREET ADDRESS		Į
CITY+ST-ZIP	PACE FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS)
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		hange didition
NAME			5.2 NAME		1/2 /12
STREET ADDRESS			5.3 STREET ADDRESS		1/2/15
CITY-ST-ZIP			5.4 CITY - ST - ZIP	//	/ /
TITLE		☐ DELETE	6.1 TALE	40000243150	Change Addition
NAME	!		6.2 NAME	-02/16/980108001	5 1
STREET ADDRESS	1		6.3 STREET ADDRESS	***150.00	·
CITY-ST-ZIP			64 CITY-ST-ZIP	ania 1 an 1 an 1	

14. Thereby 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.