

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90050 012 ***150.00

0052475

DOCUMENT # P95000059287

1. Corporation Name

SS II, INC.

Principal Place of Business

1938 VILLAGE GREEN WAY
TALLAHASSEE FL 32308
US

Mailing Address

1938 VILLAGE GREEN WAY
TALLAHASSEE FL 32308
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1995

4. FEI Number

59-3331087

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

WHITLEY, MARK
10663 LAKE IAMONIA DRIVE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name

MATT Groom C.P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

418 E. Virginia St.

83

Suite 2

84

City Tallahassee

FL

85

Zip Code 32301

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
WHITLEY, MARK
10663 LAKE IAMONIA DRIVE
TALLAHASSEE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STD
CHICHESTER, DAN
1305 E. WINWOOD WAY
TALLAHASSEE FL 32311

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

[Signature]

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

[Signature]

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

[Signature]

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

[Signature]

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

V.P.
Cossin, AL
2646 Stoneridge Dr
Tallahassee FL 32303

☐ Change ☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

V.P.
Scott McLauchry
1454 Valley Green Dr.
Tallahassee FL 32303

☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)