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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90072 038 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000084606

1. Corporation Name
S.O.S. HOLDINGS CORP.

Principal Place of Business

**1105 BRIGHTWATERS BLVD., N.E.
ST. PETERSBURG FL 33704**

Mailing Address

**1105 BRIGHTWATERS BLVD., N.E.
ST. PETERSBURG FL 33704**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1995

4. FEI Number

59-3185005

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.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**MEANA, MITCHELL A
1105 BRIGHTWATERS BLVD., N.E.
ST. PETERSBURG FL 33704**

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 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEANA, ALFRED	1.2 NAME	MEANA, ALFRED
STREET ADDRESS	1105 BRIGHTWATERS BLVD., N.E.	1.3 STREET ADDRESS	1105 BRIGHTWATERS BLVD., N.E.
CITY-ST-ZIP	ST. PETERSBURG FL 33704	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEANA, GERALDINE	2.2 NAME	
STREET ADDRESS	1105 BRIGHTWATERS BLVD., N.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, BEVERLY M	3.2 NAME	
STREET ADDRESS	1886 COFFEE POT BLVD., N.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEANA, GREGORY C	4.2 NAME	
STREET ADDRESS	1060 CORDOVA BLVD., N.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEANA, MITCHELL A	5.2 NAME	MEANA, MITCHELL A
STREET ADDRESS	1030 CORDOVA BLVD., N.E.	5.3 STREET ADDRESS	1105 BRIGHTWATERS BLVD., N.E.
CITY-ST-ZIP	ST. PETERSBURG FL 33704	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

MEANA, ALFRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-99 813 821 7998

CR2E034 (11/98)