## 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

## DOCUMENT # **P96000008732**1. Corporation Name

SAND & SURE DISTRIBUTING INC.

OFWED &	OUT DIOTHIDOTHA, INC.					
Principal Place of Business Mailing Address					i immilimmi een imien mieti musie maiet maiet maiet maiet maiet	I MBINI LAKIT LANDA TSIKA 2101 TANI
757 HIGHWAY 98 EAST NO. 14-186 757 HIGHWAY 98 EAST NO. 14						
DESTIN FL 32541 DESTIN FL 32541					DO MOT MOUTE IN THE	0.00405
					DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualifed 01/23/1996	ţ
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21	26				<b>59-3350191</b>	Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			·	5. Certificate of Status Desired	\$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip					8. This corporation owes the current year In	
24	25	293	0		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Currer	t Registered Agent	81		10. Name and Address of New Registered	d Agent
ODAIO CAMUEL D				Name		,
CRAIG, SAMUEL R			82	82 Street Address (P.O. Box Number is Not Acceptable)		
757 HIGHWAY 98 EAST NO. 14-186						
DESTIN FL 32541			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 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				ADDITIONS/CHANGES TO OFFICERS A	
TITLE			1.1 TITLE		P	Change
NAME	antin atture o		1.2 NAME	10	Traicy Samuel R. 757 Hwy 98 East N	
STREET ADDRESS	TET AUGUSTAY OF EACT NO. 44 400			ADDRESS	man 1 Howy 98 East N	0 14-186
CITY-ST-ZIP			1,4 CITY-S	r-ZIP	Nection FL 32541	
TITLE			2.1 TITLE			☐ Change ☐ Addition
NAME	221		2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP	<del></del> -		2.4 CITY-S	ļ		
TITLE			3.1 TITLE			Change Addition
NAME	_		3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		ł
CITY-ST-ZIP			3.4. CITY-S	1		!
TITLE			4.1 TITLE	<del></del>	····	Change Addition
NAME			4. 2 NAME			Ì
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S			
TITLE .			5.1 TITLE			Change Addition
NAME		_	5.2 NAME			ļ
STREET ADDRESS			5.3 STREET	ADDRESS		}
			5.4 CITY-S			}
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	$\overline{}$		Change Addition
NAME		_	6.2 NAME			
			_	,		

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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90005 017 \*\*\*158.75