

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 # P96000016594

1. Corporation Name
SARGOOD ENTERPRISES INC.

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90112 040 ***150.00



Principal Place of Business

Mailing Address

~~4 EAST BAY ST~~
JACKSONVILLE FL 32202
US

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JACKSONVILLE FL 32202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1996

4. FEI Number

59-3365099

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

2a. Mailing Address

21 8935 mornington Dr.
Suite, Apt. #, etc.

26 8935 Mornington Dr
Suite, Apt. #, etc.

City & State

23 Jacksonville Florida

City & State

28 Jacksonville, FL

Zip

24 32257

Country

25 USA

Zip

29 32257

Country

30 USA

9. Name and Address of Current Registered Agent

~~JOHNSON, BRUCE D
2925 BARNETT CENTER
50 N. LAURA STREET
JACKSONVILLE FL 32202~~

10. Name and Address of New Registered Agent

81 Name

BRINSON, DAVID A

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

1301 RIVERPLACE BLVD

83

STE 2400

84 City

JACKSONVILLE, FL

85 Zip Code

32207

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

DAVID A BRINSON
(NOTE: Registered Agent signature required when reinstating)

DATE
4-12-99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME SARGOOD, WENDY
STREET ADDRESS ~~4 EAST BAY ST~~
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ DELETE
NAME SARGOOD, JAMES P
STREET ADDRESS ~~4 EAST BAY ST~~
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME SARGOOD, WENDY A
1.3 STREET ADDRESS 8935 MORNINGTON DR
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32257

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME SARGOOD, JAMES P.
2.3 STREET ADDRESS 8935 MORNINGTON DR
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32257

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: Wendy A Sargood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-99
Date

448-6717
Daytime Phone #

CR2E034 (11/98)