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PROFIT CORPORATION-ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000029100

1. Corporation Name

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90038 028 ***150.00

SHARON	I MCKENDRICK, INC.				
	*			1881/801 18 181/8 DITH BB/H BB/H	
Principal Place	e of Business	Mailing Address		I (1881/84) tie ieue eun een een een	1 88(10 1(8(8 (8(8) 1(8)) 88(1) 88((108)
2616 SOUTHER		2616 SOUTHERN OAKS PLA	CF		•
		PLANT CITY FL 33567	,		
		,		DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualifed	·
				04/04/1996	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<u> </u>	26		59-3377195	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip _	Country	8. This corporation owes the current ye	ear Intangible
24	25		10	Personal Property Tax. 10, Name and Address of New Regist	
	9. Name and Address of Current	Registered Agent	81 Name	10, Name and Address of New Regist	tered Agent
MCK	ENDRICK, SHARON E		81 Name		
	S SOUTHERN OAKS PLACE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	NT CITY FL 33567				
PLA	NI CITY PL 3330/		83	•	1
			84 City		85 Zip Code
			. '	<u></u>	FL
·-··	to the mentioner of Continue 607 0502	and CD7 1509 Florida Statutor	the above-named corr	poration submits this statement for the number	ose of changing its registered
11. Pursuant	to the provisions of Sections 607.0302	and 607. 1506, Florida Statutes	s, ale above mained out	poration addition the distribution of the purpose	appointment as registered
11. Pursuant office or re	egistered agent, or both, in the State o	f Florida. Such change was autons of Section 607.0505. Florid	thorized by the corporation of t	tion's board of directors. I hereby accept the	appointment as registered
Į.	to the provisions of Sections 607.0302 egistered agent, or both, in the State or familiar with, and accept the obligation	f Florida. Such change was autons of, Section 607.0505, Florida	thorized by the corporation of t	poration submits this statement for the purportion's board of directors. I hereby accept the	appointment as registered
11. Pursuant office or reagent. I as	to the provisions of Sections of Newson egistered agent, or botth, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent		thorized by the corporation of t		appointment as registered
Į.		and title if applicable. (NOTE: I			RS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signature requir	red when reinstating) D/	ATE
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: I	Registered Agent signature require 13.	red when reinstating) D/	RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: I	Registered Agent signature requir 13. 1.1 TITLE	red when reinstating) D/	RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD MCKENDRICK, SHARON E 2616 SOUTHERN OAK PLACE	and title if applicable. (NOTE: I	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	red when reinstating) D/	RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD MCKENDRICK, SHARON E	and title if applicable. (NOTE: I	Registered Agent signature requir 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	red when reinstating) D/	RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD MCKENDRICK, SHARON E 2616 SOUTHERN OAK PLACE PLANT CITY FL VD	and title if applicable. (NOTE: 8) DIRECTORS DELETE	Registered Agent signature requir 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating) D/	RS AND DIRECTORS IN 12 Change Addition
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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.

813-254-5944