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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P96000029150**1. Corporation Name

STR ENTERPRISES, INC.

| 0111 2111 | | | | | |
|---|--|----------------------------------|---------------------------------|---|---|
| Principal Place | of Business | Mailing Address | | | Mile tiffig iffill iffill files anet tant |
| 2947 HWY 77 | | 1806 THOMASVILLE RD | | | |
| PANAMA CITY FL 32405 TALLAHASSEE FL 32303 | | | | DO NOT WOITE IN T | HID CDACE |
| US | | US | | DO NOT WRITE IN TI | HIS SPACE |
| | | _ | | 3. Date Incorporated or Qualifed 04/03/1996 | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | 4, FEI Number | Applied For |
| 21 3215 | Huy 7' | 26 | - 14 1 T | 59-3371046 | Not Applicable |
| Suite, Apt. 1 | #, etc. | Suite, Apt. #, etc. | ž. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | • | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 (AM) A | na City, FL | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year | |
| 24 324a | <u></u> | 29 30 | <u> </u> | Personal Property Tax. | ☐ Yes ☐ No . |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Register | red Agent |
| 81 Name | | | | | |
| ROGERS, PAUL THOMAS 5375 WIDEFIELD DRIVE | | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| TALL | AHASSEE FL 32308 | | 83 | <u>6.4</u> | |
| | | | 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: R | egistered Agent signature requi | red when reinstating) DATS | |
| 12. | OFFICERS AND | | 13. | · ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ROGERS, PAUL THOMAS | | 1.2 NAME | | |
| STREET ADDRESS | 5375 WIDEFIELD DRIVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZiP | TALLAHASSEE FL 32308 | | 1.4 CITY-ST-ZIP | • | • |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | THOMPSON, STONEY | * | 2.2 NAME | | |
| STREET ADDRESS | 1013 BAY CIRCLE | | 2.3 STREET ADDRESS | 215 Hwy 77 | |
| CITY-ST-ZIP | PANAMA CITY BEACH FL 3240 | 7 | 2.4 CITY-ST-ZIP | DANS HWY 77 PANAMA City FC 32 | 405 |
| TITLE | 17.70 4.71 00.10 1.11 00.10 1.11 | DELETE | 3.1 TITLE | - Fryshing - St. 12 | Change Addition |
| NAME | | • | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | Ì |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | [] DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | _ :- | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| | | | 4.4 City-St-ZiP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | <u> </u> | 5.2 NAME | | Ì |
| STREET ADDRESS | · | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |

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 supplementer 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 of 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 of or an attachment with an address, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90072 028 ***150.00