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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90302 031 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000060874

1. Corporation Name

SOUTHERN TACK DISTRIBUTORS, INC.



Principal Place of Business

15173 CENTRALIA RD
BROOKSVILLE FL 34614

Mailing Address

15173 CENTRALIA RD
BROOKSVILLE FL 34614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1996

4. FEI Number

NOT APPLICABLE

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 8001 Apache Tr.

2a. Mailing Address

26 8001 Apache Tr.

Suite, Apt. #, etc.

22 Springhill FL.

Suite, Apt. #, etc.

27 Springhill FL.

City & State

23 34606 U.S.A.

City & State

28 34606 U.S.A.

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GILES, ANGELA M
15173 CENTRALIA RD
BROOKSVILLE FL 34614

10. Name and Address of New Registered Agent

81 Name Phillip J Aleci
82 Street Address (P.O. Box Number is Not Acceptable)
8001 Apache Trail
83
84 City Springhill FL 85 Zip Code 34606

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.

Phillip J Aleci (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GILES, ANGELA M
STREET ADDRESS 15173 CENTRALIA RD
CITY-ST-ZIP BROOKSVILLE FL 34614 ☒ DELETE

TITLE D
NAME ALECI, PHILLIP
STREET ADDRESS 15173 CENTRALIA RD
CITY-ST-ZIP BROOKSVILLE FL 34614 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Aleci Phillip
2.3 STREET ADDRESS 8001 Apache Trail
2.4 CITY-ST-ZIP Springhill FL 34606

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99

Date

352-688-8816

Daytime Phone #

CR2E034 (11/98)