Applied For

Not Applicable

Mailing Address

POST OFFICE BOX 1722

LAKELAND FL 33802-1722

2a. Mailing Address

26



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Principal Place of Business

2. Principal Place of Business

1010 S BROADWAY ST

BARTOW FL 33830

S & S ENTERPRISES OF LAKELAND, INC.

1999 DIVISION OF CORPORATIONS 03-17-1999 90068 049 ***150.00 DOCUMENT # P97000011906

FILED Mar 17, 1999 8:00 am Secretary of State

{		
	1 36 77 1 467 2 166 71 166 71	 4 8 7 8 1 1 1 8 6 1 1 8 6 1 1 1 4 8 7

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02/03/1997 4. FEI Number

59-3448502

Suite, Apt.	#, eIC.	Suite, Apr. #, etc.			5. Certificate of Status Desired	JO.73 A		
City & Stat	<u> </u>	City & State			6. Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution	Added to	•	
Zip	Country	Zip	Country		8. This corporation owes the current ye		-	
24	25		30		Personal Property Tax.		□No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Regist	ered Agent		
DECTRAND DODEDT :			81	Name				
BERTRAND, ROBERT J ONE LAKE MORTON DRIVE LAKELAND FL 33801			82	82 Street Address (P.O. Box Number is Not Acceptable)				
LAN	ELAND FL 33001		83					
	•		84	City		85 Zip C	ode	
			{ _ }	Í	ration submits this statement for the purpo	FL		
agent. I a SIGNATURE	m familiar with, and accept the oblig	ations of, Section 607.0505, Flore	da Statutes.	t signature required	n's board of directors. I hereby accept the	ATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	MOORE, STEVEN T		1.2 NAME)				
STREET ADDRESS	1010 S BROADWAY ST		1.3 STREET	ADDRESS				
CITY-ST-ZIP	BARTOW FL 33830		1.4 CITY-ST	r-ZJP				
TITLE	D	DELETE	2.1 TITLE			☐ Change	Addition	
NAME	VALLEJO, SERGIO R		2.2 NAME	1				
STREET ADDRESS	875 HANOVER WAY		2.3 STREET	ADDRESS		•		
CITY-ST-ZIP	LAKELAND FL 33813	<u> </u>	2.4 CITY-S	T-ZIP		<u></u>		
HTLE		☐ DELETE	3.1 TITLE			☐ Change	Addition	
_			3.2 NAME	ļ				
ADDRESS			3.3 STREET	ADORESS				
ST ZIP			3,4. CITY-S	T-ZIP				
	,	☐ DELETE	4,1 TITLE	}		☐ Change	Addition	
			4, 2 NAME	}				
			4.3 STREET	ADDRESS				
ST-ZIP	<u> </u>		4.4 C/TY-S1	[-ZIP				
		☐ DELETE	5.1 TITLE	1		Change	Addition	
-			5.2 NAME	(
I ADDRESS			5.3 STREET	1				
ST-ZIP	 		5.4 CITY- ST	- ZUP				
	}	□ DELETE	6.1 TITLE	}		☐ Change	Addition	
-			6.2 NAME	}				
! ADDRESS			6.3 STREET	ADDRESS				

6.4 CITY-ST-ZIP

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.