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 # **P97000012929**1. Corporation Name

SIDES & ASSOCIATES, INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90220 022 ***150.00



2. Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc. 27					·)(4 11610 10110 1	17810 1011 1001	
		DESTIN FL 32540			DO NOT WR	ITE IN THIS S	SPACE	
					3. Date Incorporated or Qualifed 02/07/1997			
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26	├ ¬				No	t Applicable
	#, etc.				E Contiferate of Status Desired		\$8.75 /	Additional
22		27			5. Certifcate of Status Desired		Fee Re	quired
City & State	9	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the cur	•		A.J.
24	25	29	30		Personal Property Tax.		∐Yes	No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New	Registered A	gent	
MAT	THEWS DANA C ESO			81 Name	ARIVA Sides	ĭ		Ì
MATTHEWS, DANA C ESQ. 607 HIGHWAY 98 EAST				82 Street Addr	ress (P.O. Box Number is Not Accept			
DESTIN FL 32541					CAlhoun Ave			
DEST	III4 FL 32341			83				
				84 City	1		85 Zip (Code
				l De	5+, N	<u> </u>	3a	54/
office or n agent. I a	egistered agent, or both, in the Sta m familier with, and accept the obl	ate of Plorida. Such change was au ligations of, Section 607.0505, Flori	thorized da Stati	by the corporation	oration submits this statement for the on's board of directors. I hereby access	pt the appoin	uneni as ie	gistered
			Registered 13.	Agent signafure require	ad when reinstating) ADDITIONS/CHANGES TO O	DATE EICEDS AND	DIPECTO	DS IN 12
12.	D OFFICERS	AND DIRECTORS	13. 1.1 Til	15	ADDITIONS/CHANGES TO O	TIOLING AIN	Change	Addition
TITLE	SIDES, MARILYN	□ bece ie	l l					
NAME	P O BOX 5554 N/A		1.2 NA					
STREET ADDRESS	DESTIN FL 32540			REET ADDRESS		i.		
CITY-ST-ZIP	VP	☐ DELETE	1,4 CI 2,1 TII	Y-ST-ZIP			☐ Change	Addition
TITLE	SIDES, THOMAS H			1				
NAME	P O BOX 5554 N/A		2.2 NA		·			
STREET ADDRESS	DESTIN FL 32540			REET ADDRESS				
CITY-ST-ZIP	ST ST	☐ DELETE	2.4 C	TY-ST-ZIP			☐ Change	Addition
TITLE	SIDES, THOMAS H	Defere	3.1 N			-		
NAME	P O BOX 5554 N/A			REET ADDRESS				ľ
STREET ADDRESS	DESTIN FL 32540							
CITY-ST-ZIP	DE31114 7 E 32340	☐ DELETÉ	4.1 TF	TY-ST-ZIP			[] Change	Addition
TITLE		- Occerc	4.2 N				<u></u>	
NAME								
STREET ADORESS				REET ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CI	IY-ST-ZIP	-10-11		Change	Addition
TITLE		- Deferie	5.1 N				CJ9-	
NAME				REET ADDRESS	•			
STREET ADDRESS			1	TY-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	6.1 TF				Change	Addition
TITLE		C DELETE	6.2 N/					
NAME			•	REET ADDRESS	•			
STREET ADDRESS			- 1					
CITY-ST-ZIP			0.4 CI	TY-ST-ZIP	·			

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: