

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

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

05-04-1999 90045 027 ***150.00

DOCUMENT # P97000013163

1. Corporation Name
SAPPHIRE PRODUCTS, INC.



Principal Place of Business
5275 - 95TH STREET, NORTH
ST. PETERSBURG FL 33708

Mailing Address
5275 - 95TH STREET, NORTH
ST. PETERSBURG FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1997

4. FEI Number

59-3429633

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PENDLETON, SANDY J

~~6130 BAY LAKE DRIVE, NORTH~~
ST. PETERSBURG FL 33708

5275-95th Street N

10. Name and Address of New Registered Agent

81 Name

Pendleton, Sandy J.

82 Street Address (P.O. Box Number is Not Acceptable)

5275-95th Street North

83

84 City

St. Petersburg

FL

85 Zip Code

33708

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: Registered Agent signature required when reinstating)

DATE

3-16-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PENDLETON, SANDY J

STREET ADDRESS ~~6130 BAY LAKE DRIVE, NORTH~~

CITY-ST-ZIP ST. PETERSBURG FL 33708

TITLE SD ☐ DELETE

NAME HANES, DVANE S

STREET ADDRESS ~~10600 LAKE VISTA DRIVE~~

CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Haines, Sandy J.

1.3 STREET ADDRESS 7777 Lake Vista Drive N.

1.4 CITY-ST-ZIP SEMINOLE, FL 33772

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME HAINES, DUANE S.

2.3 STREET ADDRESS 7777 Lake Vista Drive N.

2.4 CITY-ST-ZIP SEMINOLE, FL 33772

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

Date

Daytime Phone #

3-16-99

CR2E034 (11/98)

0424630