

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000019447 (6)**

1. Corporation Name

SISTERS & SISTERS, INC.



Principal Place of Business

Mailing Address

RTE. 2, BOX 720-D
BLOUNTSTOWN FL 32424

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BLOUNTSTOWN FL 32424

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 1402-A West Central Ave.	26 P.O. Box 461		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23 Blountstown, FL	28 Blountstown, FL		
Zip Country		Zip Country	
24 32424	25	29 32424	30

3. Date Incorporated or Qualified	
03/03/1997	
4. FEI Number	Applied For
59-342-9191	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 or has paid the current year Intangible Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DAVIS, VICTORIA H RTE. 2, BOX 720-D BLOUNTSTOWN FL 32424			
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	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: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Victoria H. Davis
STREET ADDRESS		1.3 STREET ADDRESS	Rt 2 Box 720-D
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Blountstown FL 32424
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice-President-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Kimberly H. Peacock
STREET ADDRESS		2.3 STREET ADDRESS	Rt 2 Box 332-A
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Altamonte FL 32421
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Kay H. Tipton
STREET ADDRESS		3.3 STREET ADDRESS	Rt 2 Box 819
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Blountstown FL 32424
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Treasurer-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Wendy L. Guilford
STREET ADDRESS		4.3 STREET ADDRESS	Co Rd 194
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Blountstown, FL 32424
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)