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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

## **FILED** Jan 29 1998 8:00am Sacratory of State

'	1998 DIVISION OF CORPORATIONS					Secretary of State			
DOCUMENT # P9700057446 (1) SUEMILL CORPORATION									
District District	at Business	N. H. H.					<u>-</u>		
Principal Place of Business Mailing Address									
5361 N. AIRPORT RD. 5361 N. AIRPORT RD. NAPLES FL 34109 NAPLES FL 34109									
1411 000 12 04100							DO NOT WRITE IN TH	IS SPACE .	
							3. Date Incorporated or Qualified 06/27/1997		
<del></del>	ace of Business	<del></del>	2a. Mailing Address				4. FEI Number 59-3458/55	₩-	oplied For
21	# ata		26 Suite And It also				59-3930733	<del></del>	ot Applicable
Suite, Apt.	#, etc.	<del></del>	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & State			City & State				C. Flasia Canada Flasada		
23	,	28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	May Be to Fees
Zip	Country	Zir	<u> </u>	Coun	try		8. This corporation owes or has paid the		
24	25	29	<u>[:</u>	30			Personal Property Tax due June 30.		☐ No
	g. Name and Address of	Current Registere	d Agent				10. Name and Address of New Registers	d Agent	
	Ker, Philip e Jr.			١	Nan Nan	ne			
536	31 N. AIRPORT RD.			   E	2 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		
NAPLES FL 34109									]
				8	13				}
<u>.</u>					4 City			85 Zip (	Code
							F		
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 chan 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 appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									s registered registered
agent, I ar	m familiar with, and accept the	ne obligations of, Se	ction 607.0505, Flor	ida Statu	les.				
SIGNATURE .	Signature, typed or printed name of reg	stered agent and title if an	plicable (NOTE:	Registered A	Agent signa	ture réculiner	d when reinstating) DATE	<del></del>	[
12.		ERS AND DIRECTO		13.	igoni orgina		ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TITLE	D		DELETE 1.1 TI		E		<u> </u>	Change	Addition
NAME	Baker, Philip e Jr.		1.2 N		iΕ				
STREET ADDRESS			1.3 STRI	EET ADDRES	s (				
CiTY-ST-ZIP			. 1.4 CITY	-ST-ZIP					
TITLE	DELETE 2.1 T		2.1 TITL	E		☐ Chang		Addition	
NAME		2.2		2.2 NAM	E	ļ			ļ
STREET ADDRESS				2.3 STR	ET ADDRES	ss			•
CITY-ST-ZIP	<u> </u>				/-ST-ZIP				
TITLE			☐ DELETE	3.1 TITL		-		Change	Addition
NAME				3.2 NAM	-	_			
STREET ADDRESS					ET ADDRES	SS			j
CITY-ST-ZIP TITLE			☐ DELÈTE	4.1 TITL	(-ST-ZIP			☐ Change	Addition
NAME				4. 2 NAN		1		O/ILLING®	
STREET ADDRESS				1	ET ADDRES				Ì
CITY-ST-ZIP					-ST-ZIP				
TITLE			DELETE	5.7 TITL		_		☐ Change	Addition
NAME				5.2 NAM				•	
STREET ADDRESS					ET ADDRES	ss			
CITY - ST - ZIP				•	-ST-ZIP				أ
TITLE			DELETE	6.1 TITL				Change	Addition
NAME				6.2 NAM	E				
STREET ADDRESS				6.3 STR8	ET ADDRES	s			
CITY-ST-ZIP	·			6.4 CITY	-ST-ZIP				

14. I hereby certify that the information supplied with this filling 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 any affact ment with an address.

SIGNATURE:

SIGNATURE: