**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000057565

1. Corporation Name

S R W FIREWORKS, INC.

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90142 050 \*\*\*150.00



Bringing Place of Puripage	Mailing Address		- 1 1881/881 in imit imbit metre meine mitte munt beite anter beite anter
Principal Place of Business	•		
9325 NICHOLS LAKE ROAD	9325 NICHOLS LAKE ROAD		
MILTON FL 32583	MILTON FL 32583		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualifed
			06/30/1997
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
	26 2323 TRAVIS	Rp	59-3492604 Not Applicable
21 <b>2323 TRAVIS ND</b> Suite, Apt. #, etc.	Suite, Apt, #, etc.	,, v	\$8.75 Additional
<del></del>			5. Certificate of Status Desired Fee Required
22	City & State	<u> </u>	
City & State	— // · · · · · · // /		6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees
23 BREWTON AL Zin Country		ountry	
	- ~ 1.12 L	5.1 km	8. This corporation owes the current year Intangible Personal Property Tax.
24 36926   25	29 367 20 30	15 4 64	Personal Property Tax. Yes YoNo  10. Name and Address of New Registered Agent
9. Name and Address of Current	Registered Agent	81 Name	Name and Address of New Registered Agent
Barnhill, Debra		MAR	VIN PITTMAN
9325 NICHOLS LAKE ROAD		82 Street Addr	roce (P.O. Boy Number is Not Acceptable)
			3650 BOB TOLBERT RD
MILTON FL 32583		83	,
		84 City	85 Zip Code
		NI NI	AVARNE FL   32560
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	about named com	poration submits this statement for the nursose of changing its registered
office or registered agent, or both, in the State of	f Florida. Such change was authoriz	ed by the corporation	on's board of directors. I hereby accept the appointment as registered
18/16/84 2/2/8//6/	ons or, deciron dor todos, i fonda ou	atotoo.	2-19-99  Id when reinstating)  DATE
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable (NOTE: Register	red Agent signature require	d when reinstating) DATE
12. OFFICERS AND		3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	DELETE 1.1	TITLE	Change ☐ Addition
NAME BARNHILL, WILLIAM	12	NAME	4.
STREET ADDRESS 9325 NICHOLS LAKE ROAD	13	STREET ADDRESS 2	2323 TRAVIS KO
144 TOLL EL 20510		CITY-ST-ZIP	1323 TRAVIS RO BREWTON AL 36426
		TITLE	Change ☐ Addition
TITLE ST	<b>_</b>		<u> </u>
NAME - BARNHILL, DEBRA		NAME	203 TANUE DA
STREET ADDRESS 9325 NICHOLS LAKE ROAD		STREET ADDRESS 2	DACHTAN AL BLYZA
CITY-ST-ZIP MILTON FL 32583		CITY-ST-ZIP	BREWTON AL 36426
TITLE V			Additio
NAME OLIVER, MICHAEL	■ · · ·	NAME	101-1-
STREET ADDRESS 8286 VERANO STREET	3.3	STREET ADDRESS 2	1721 KODIN WOOD CIRCLE
CITY-ST-ZIP NAVARRE FL 32566		. СПY-ST-ZIP	Milton, Fla 32583
TITLE	☐ DELETE 4.1	TITLE	☐ Change ☐ Additio
NAME	4.2	2 NAME	
STREET ADDRESS	4.3	STREET ADDRESS	
CITY-ST-ZIP	44	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Additio
NAME		NAME	
	53	STREET ADDRESS	
STREET ADDRESS	i i	CITY+ST-ZIP	
CITY-ST-ZIP		TITLE	☐ Change ☐ Addition
TITLE	_	NAME	
NAME .			
emper annoccei	■ 63	STREET ADDRESS	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP