05-05-1999 90200 021 ***158.75

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 # P97000088784

1. Corporation Name

SOLDIER BOY INVESTMENTS, INC.

Principal Place of Business Mailing Address						
P O BOX 270474 P O BOX 270474						
TAMPA FL 33688 TAMPA FL 33688						DO NOT WRITE IN THIS SPACE
us us						3. Date Incorporated or Qualifed
						10/13/1997
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						49-3474957 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional
22 27						Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23 28 27			Count			Trust Fund Contribution Added to Fees
Zip	Country	Zip 3	_	ıy		This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Curren		<u> </u>	- -		10. Name and Address of New Registered Agent
AL			8	1	Name	
ARCHUBALO ABCHIBOLD, GERALD K				_	Chrost Ad	Ideas (P.O. Pay Mumber in Not Acceptable)
13303 N DALE MABRY			•	82 Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33618			8	3	***************************************	
			R	4	City	■ 85 Zip Code
			1		•	
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			1.1 TITLE			☐ Phange ☐ Addition
NAME	ALFONSO, BRYAN 12N		1.2 NAME	Ε	10	SERALD K. ARCHIBALD 4602 LAVER COURT
STREET ADDRESS	TADDRESS 17154 RAINBOW TERR 1		1.3 STRE	1.3 STREET ADDRESS		4602 LAVER COURT
CITY-ST-ZIP	P ODESSA FL 33556		1.4 CITY-	1.4 CITY-ST-ZIP 7		TAMOA FL 33624
TITLE	☐ DELETE 2.1 T		2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME	E	i	
STREET ADDRESS			2.3 STRE	ET A	ODRESS	
CITY-ST-ZIP			_	2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE				3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			•	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
TITLE						
NAME			4. 2 NAM 4.3 STRE		ADDDESS	
STREET ADDRESS			4.4 CITY-			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		LIF	Change Addition
NAME			5.2 NAME		1	
STREET ADDRESS			5.3 STRE	ETA	NODRESS	
CITY-ST-ZIP			5.4 CITY-			
717 F					+-	Change Addition

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 corperation 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 on an attachment with an address, with all other like empowered.

62 NAME

SIGNATURE

NAME

STREET ADDRESS

CITY- ST- ZIP

AREHIBOLD 4/29/55 813-961-2430

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP