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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P97000092490 (6) **DOCUMENT #**

SLEEPING BEARS INCORPORATED

Principal Place of Business

Mailing Address

FILED May 08 1998 8:00am Secretary of State



3532 CORAM LANE 3532 CORAM LANE CASSELBERRY FL 32707 CASSELBERRY FL 32707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/27/1997 785858AK VIEWCT 2a, Mailing Address Applied For Not Applicable P.D. BOX# 697605 \$8.75 Additional 5. Certificate of Status Desired Fee Regulred (\$1**4%)(**(2) \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country, S.A. 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ADDRESS CHANCE) MYERS. BRANT 3532 OORAM LANE 82 CASSELBERRY FL 32707 83 City OR LANS Ind 607.1508, Florida Statutus, the above-named corporation submits this statement for the purpose of changing its registered for Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered lions of, Socion 607.0505, Florida Statutes. 11. Pursuant to the provi office or registe SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, DELETE TITLE 1.1 TITLE ☐ Change MYERS, BRANT NAME 3532 CORÁM LANE STREET ADDRESS 1.3 STREET ADDRESS CASSELBERRY FL 32707 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information indicated on this annual report of officer or director of the corporation Block 12 or Block 13 if clying 4, o ot qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information

I true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in