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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000097401 (8)

**SWEET BRIAR STORAGE CORPORATION** 

## FILED Jan 16 1998 8:00am Secretary of State



Principal Plan	co of Business	Mailing Address		
· '		-		
9406 126TH FELLSMERE		9406 126TH AVENUE FELLSMERE FL 32948		
LECTOMENE	IL VESTO	TELLOMENE IL 32840		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				11/12/1997
	Place of Business	2a. Mailing Address		4. FEI Number Applied F
	Hattison St.		26 Ave	65-0795135 Not Appli
Suite, Apt.	#, <b>e</b> 1c.	Sprife, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required
City & Stat	0	City & State		6. Flection Campaign Financing \$5.00 May B
23 500	ostian, the	28 Fellsmel		Trust Fund Contribution Added to Fees
<sup>Zp</sup> 24 <b>3</b> 29:	Country 25 USA	32958	Country SA	8. This corporation owes or has paid the current year Intangible
24 329.	Name and Address of Curren		[30] VSP	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
AL	<u>~_</u>	· mogratorou Agont	81 Name	IO. Hallie and reduces of Haw Helplatelen Alfelia
	MITH, JERALD E SR.			
	106 126TH AVENUE		82 Street /	Address (P.O. Box Number is Not Acceptable)
1	ELLSMERE FL 32948		83	
			84 City	FL 85 Zip Code
## Dureuant	to the provisions of Sections 607.060	2 and CO7 1509 Elorida Clabat	on the above named	corporation submits this statement for the purpose of changing its regis
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was a	authorized by the core	poration's board of directors. I hereby accept the appointment as registe
SIGNATURE	Signature, typed or printed name of registered age	nt and tale if manifestate MON	Hegistered Agent signature	required when reinstating) DATE
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELFIE	1.1 TITLE	Change A
NAME	SMITH, JERALD E SR.		1.2 NAME	• —
STREET ADORESS	9406 126TH AVENUE	•	1.3 STREET ADDRESS	
CITY-ST-Z#P	FELLSMERE FL 32948		14 CITY-ST-ZIP	
TITLE	D	DELETE	21 HILE	Change A
NAME	SCHULER, LAURA L		2.2 NAME	
STREET ADDRESS	9406 126TH AVENUE		2 3 STREET ADDRESS	•
CITY-ST-ZIP	FELLSMERE FL 32948		2 4 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	DAIT Change A
NAME		<del></del>	3.2 NAME	Smith, Februid E.SR.
STREET ADDRESS			3.3 STREET ADDRESS	9406-126 AVE
CITY-ST-ZIP			3.4 CHY-ST-ZIP	Fellsmere, FL. 32948
TITLE		DECETE	4.1 TILE	DIVIS Change A
NAME		_	4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	Schulet, Lauta L. 9406 - 126 Aue
CITY-ST-ZIP		•	4.4 C(1Y - S1 - ZIP	Fell smere, F2. 32948
TITLE		DÉI.E TE	5.1 Title	☐ Change ☐ Ad
NAME		<del></del>	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			■ í	
TITLE		DELETE	5.4 City-St-7iP 6.1 Title	☐ Change ☐ Ad
		La Presie	6.2 NAME.	
NAME OTRECT ARRESTS				
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	i		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 arrural report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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.

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Am. Language Co.