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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000028867

1. Corporation Name

SOVEREIGN BUILDING INVESTMENT CORPORATION

		Edution Address					
Principal Place of Business Mailing Address							
C/O_SAYAGE KRIM_8. SIMONS. P.A 121 NW 3RD STREET OCALA FL 34475		C/O SAVAGE KRIM & SIMONS, P.A. 121 NW 3RD STREET OCALA FL 34475		DO NOT WRITE IN THIS	S SPACE_	•	
	•				3. Date Incorporated or Qualifed 03/30/1998		
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59 - 35 04 9 7 5		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	Country 25		ountry	· · · · · · · · · · · · · · · · · · ·	This corporation owes the current year In Personal Property Tax.	ntangible Yes	≯ SNo
9. Name and Address of Current Registered Agent			T		10. Name and Address of New Registered	i Agent	/
_	- , , , , , , , , , , , , , , , , , , ,		81	Name			
	HER, TIMOTHY A NW 3RD STREET		82 Street Add		ress (P.O. Box Number is Not Acceptable)		
	LA FL 34475	,	83		 		
			84	1	FI	L	Code
office or re agent. I a	egistered agent or both in the State.	2 and 607.1508, Florida Statutes, the of Florida. Such change was authoriz tions of, Section 607.0505, Florida St	ea by	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	of changing it pintment as r	ts registered registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Registe	red Agei	nt signature requir	red when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS 1:	3.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE 1.1	TITLE			☐ Change	e 🗍 Addition
NAME	STANDLEY, JOSEPH W SR.	1.2	NAME				1
STREET ADDRESS	121 NW 3RD STREET	1.3	STREE	TADDRESS			
CITY-ST-ZIP	OCALA FL 34475	1.4	CITY-S	IT-ZIP			
TITLE	D	☐ DELETE 2.1	TITLE	,		☐ Change	e ☐ Addition
NAME	Fischer, Stephen è	2.2	NAME				
STREET ADDRESS	121 NW 3RD STREET	2.3	STREE	TADDRESS			
CITY-ST-ZIP	OCALA FL 34475	2.4	4 CITY+S	ST-ZIP			
TITLE	D	☐ DELETE 3.1	TITLE			☐ Change	e 🗌 Addition
NAME	FISCHER, TIMOTHY A	3.2	NAME				
STREET ADDRESS	121 NW 3RD STREET	3.3	STREE	T ADDRESS			
CITY-ST-ZIP	OCALA FL 34475	3.4	, CITY-S	ST-ZIP			
TITLE		☐ DELETE 4.1	TITLE			Change	e
NAME		4.	2 NAME	-			ĺ
STREET ADDRESS.		4.3	STREE	TADDRESS			
CITY-ST-ZIP .		4.4	CITY-S	ST-ZIP		_	
TITLE	449.444	DELETE 5.1	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	e
NAME	Part Same Same	5.2	5.2 NAME				į
STREET ADDRESS	to Parity	5.3	STREE	TADORESS			ļ
CITY-ST-ZIP		54	CITY-S	ST-ZIP	<u></u>		
TITLE		DÉLETE 6.1	TITLE			Change	e 🔲 Addition
NAME		6.3	NAME				
STREET ADDRESS		6.3	STREE	T 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