

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90058 040 ***150.00

DOCUMENT # P98000057201

1. Corporation Name

SUPERIOR BANNER CREATIONS, INC.

Principal Place of Business

832 PATTERSON DRIVE
SOUTH DAYTNA FL 32119

Mailing Address

832 PATTERSON DRIVE
SOUTH DAYTNA FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1998

4. FEI Number

59-3518810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 484 OLD HIGHWAY 17

Suite, Apt. #, etc.

2a. Mailing Address

26 PO BOX 207

Suite, Apt. #, etc.

22 City & State

23 CRESCENT CITY FL

Zip

24 32112

Country

25 PUTNAM

27 City & State

28 LAKE COMO FL

Zip

29 32157

Country

30 PUTNAM

9. Name and Address of Current Registered Agent

AMERILAWYER

343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

STACEY SMITH

82 Street Address (P.O. Box Number is Not Acceptable)

114 GRAINGER LANE

83

84 City

PALATKA

FL

85 Zip Code

32177

11. 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

TITLE PD ☐ DELETE

NAME SMITH, STACEY

STREET ADDRESS 832 PATTERSON DRIVE
CITY-ST-ZIP SOUTH DAYTNA FL 32119

TITLE STD ☐ DELETE

NAME ECKMAN, RICHARD

STREET ADDRESS 832 PATTERSON DRIVE
CITY-ST-ZIP SOUTH DAYTNA FL 32119

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME SMITH, STACEY

1.3 STREET ADDRESS RT 5 BOX 6687
1.4 CITY-ST-ZIP PALATKA FL 32177

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME ECKMAN, RICHARD

2.3 STREET ADDRESS PO BOX 199
2.4 CITY-ST-ZIP LAKE COMO FL 32157

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4/27/99 904-698-0810

CR2E034 (1/98)