DND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

OCUMENT# P98000078931

FERGUSON BROTHERS INCORPORATED

Mailing Address cipal Place of Business 2857 INDIANWOOD DRIVE 7 INDIANWOOD DRIVE RASOTA FL 34232 SARASOTA FL 34232 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/10/1998 2a. Mailing Address 4. FEI Number Principal Place of Business Applied For 65-0869666 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired ∸Fee-Required City & State 6. Election Campaign Financing City & State \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes the current year Zip Country I No Intangible Personal Property. 30 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name FERGUSON, TRENT Street Address (P.O. Box Number is Not Acceptable) 2857 INDIANWOOD DRIVE SARASOTA FL 34232 83 84 85 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 1.1 TITLE Change Addition DELETE FERGUSON, TRENT 1.2 NAME 2857 INDIANWOOD DRIVE 1.3 STREET ADDRESS ET ADDRESS SARASOTA FL 34232 1.4 CITY-ST-ZIP ST-ZIP **FERG** __ DELETE 2.1 TITLE Change ____ Addition USON, SHANE 2.2 NAME **4738 PARNELL DRIVE** 2.3 STREET ADDRESS ET ADDRESS SARASOTA FL 34232 2.4 CITY-ST-ZIP ST-ZIP DELETE 3.1 TITLE ___ Change Addition 3.2 NAME 3.3 STREET ADDRESS ET ADDRESS 3.4 CITY-ST-ZiP ST-ZIP 4.1 TITLE Change Addition □ DELETE 4.2 NAME

6.4 CITY-ST-ZIP -ST-ZIP 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.

6.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP 5.1 TITLE

5.4 CiTY-ST-ZIP 6.1 TITLE

6.3 STREET ADDRESS

5.2 NAME 5.3 STREET ADDRESS

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Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90002 039 ***550.00

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