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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999 DIVISION OF CORPORATIONS
DOCUMENT # POROGOOGO717

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99 JAN 29 PH 1: N8

1. Corporate HERRIC INC.	G AND HERRIG FINANCIAL			A,			SECRETARY OF STATE
Principal P	ace of Business	Mailing	Address				
1515 RINGLING BOULEVARD #800 1515 RINGLING BOULEVARD #800							
SARASOTAN	FL 34236	SARAS	OTA FL 34236				DO NOT MOTO IN THIS SPACE
							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
							09/17/1998
2. Principal	2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21	26						6508437.57 Not Applicable
Suite, Ap	pt. #, etc.	Suí	te, Apt. #, etc.				\$8.75 Additional
22		27					5. Certificate of Status Desired ["] Fee Required
City & St	tate	Cit	y & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country	Zip		Coun	try		This corporation owes the current year Intangible
241	25 9. Name and Address of Cure	29		30]			Personal Property Tax. Pryes No
	9. Maile attu Address of Cur	ent Registere	u Agent		B1	Name	10. Name and Address of New Registered Agent
HE	ERRIG, LARRY T			[7		
15	15 RINGLING BOULEVARD #80	0		} {	B2[Street Add	Idress (P.O. Box Number is Not Acceptable)
SA	ARASOTA FL 34236				83		4000027661046 -02/05/9901082007
				{			
				{ 8	34	City	****150.00 ****150.00 00
11. Pursual	nt to the provisions of Sections 607.0	502 and 607.1	508 Florida Statu	tes the abo	í	named cor	rootation submits this statement for the number of changing its registered
agent. I SIGNATUR							proration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
12.	OFFICERS	AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		[] DELETE	1.1 TITU	E		[] Change . [] Addition
NAME	HERRIG, LARRY T			1.2 NAM	2 NAME		
STREET ADDRES			1.3 STR	EET /	ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236			1.4 CITY	-ST-	-ZIP	
TITLE	}		DELETE	2 1 TITL	F	}	Change Addition
NAME	}			2.2 NAM	ır.	}	
STREET ADDRES	ss			23 STR	FET	ADDRESS	
CITY-ST-ZIP				2 4 CIT		r-2IP	
TITLE	}		DELETE	31717		}	Change Addition
NAME)			32 NAM			
STREET ADORES	ss					ADDRESS	
CITY-ST-ZIP TITLE			[] DELETE	34 Cm		-ZP	
NAME	1		L_) DELETE	4.1 TIJ).		{	☐ Change ☐ Addition
NAME STREET ADDRES	66			4.2 NAM			
CITY-ST-ZIP	***		•	1		ADDRESS	
TITLE			[] DELETE	4.4 CITY 5.1 TiTu		- Z/F1	Fichana Flater.
NAME	}		L DECEM	52 NAM		}	Change Addition
STREET ADDRES	sa					ADDRESS	
CITY-ST-ZIP	~~(54 CITY			
TITLE			CI DELETE	61 TITL			Change Addition
NAME	{		_, >====	62 NAM		1	Li Change Li Adollion
STREET ADDRES	las			4		ADDRESS	72 0/2/2 0000
CITY-ST-7IP				64 CITY		- 1	15. 212199 99AC

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 a pattachment with ap address, with all other like empowered.

SIGNATURE

COLUMNIE NIG TYPED PRINTED NAME CYCLICAL OFFICER OF DIRECTOR THE MY Pres. 1-26-99 541-330-1515