

DOCUMENT # P98000085823

1. Entity Name
SIERRA, INC.

Principal Place of Business Mailing Address
4024 HIGHWAY 90 4024 HIGHWAY 90
PACE FL 32571 PACE FL 32571-1918

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3537434 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLEUEL, HOWARD L JR
4024 HIGHWAY 90
PACE FL 32571

7. Name and Address of New Registered Agent

Name Mary K. Frizzell
Street Address (P.O. Box Number is Not Acceptable)
6056 Kingswood Drive
City Milton FL Zip Code 32570

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Mary K. Frizzell*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME BLEUEL, HOWARD L JR
STREET ADDRESS 4024 HIGHWAY 90
CITY-ST-ZIP PACE FL 32571

TITLE ST ☒ Delete
NAME SIMMONS, PHILLIP M
STREET ADDRESS 1684 PLAINSMAN AVE
CITY-ST-ZIP MILTON FL 32570

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, P ☒ Change ☐ Addition
NAME Mary K. Frizzell
STREET ADDRESS 6056 Kingswood Drive
CITY-ST-ZIP Milton, FL. 32570

TITLE S, T, D, V, P ☒ Change ☐ Addition
NAME Juanita M. Scheffner
STREET ADDRESS 5748 Rivera Drive
CITY-ST-ZIP Milton, FL. 32583

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary K. Frizzell*
Typed name and title of signing officer or director

Date

(850) 994-9334
Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 21 PM 2:20



DO NOT WRITE IN THIS SPACE

CR2034 (9/99)