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

DOCUMENT # P98000089089

SUGAR STIX, INC.

Prir	ncipal	Place	of	В	usi	ness
		/OOD			٠.,	

DAVENPORT, FL. 33837.

Mailing Address

227 BOXWOOD DR. DAVENPORT FL 33837

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90020 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

10/19/1998

	face of Business	2a. Mailing Address			4. FEI Number	N Ap	plied For			
21		26				. No	ot Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75				
22		27			5. Certificate di Status Desired	Fee Re	equired			
City*& Stat	е	City & State	•		6. Election Campaign Financing		May Be			
23		28			Trust Fund Contribution	Added	to Fees			
Zip	Country	Zip	Country		8. This corporation owes the current year					
24 25 29 30				The state of the s						
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registe	red Agent				
DOM	AND HADOLD I		81	Name						
DOWNING, HAROLD L				82 Street Address (P.O. Box Number is Not Acceptable)						
390 N. ORANGE AVE., SUITE 800					and the second particle and the	en c. it was	1 -1 + . • NB/			
ORLANDO FL					经证据 医透透性 謝 認遵則					
				O:4 ·	 수 등 전혀 다른 국제를 제한 기를 하게 되었다. 부분하는 보통하다. 	85 Zip	Code			
			84	City		FL ` `				
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	s, the above	-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the a	e of changing its	registered			
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida: Such change was aut	thorized by t	he corporation	on's board of directors. I hereby accept the a	ppointment as re	gistered			
	and accept the obligation	TIS OI, Dection our code, Floric	an outloids.		•		1			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent	signature require	ed when reinstating) DAT	<u> </u>				
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	ORS IN 12			
TITLE	D	DELETE .	1.1 TITLE			☐ Change	Addition			
NAME.	THOMPSON, STEWART O		1.2 NAME	-	,					
STREET ADDRESS	227 BOXWOOD DR.		1.3 STREET	ADDRESS		٠,				
CITY-ST-ZIP	DAVENPORT FL 33837	·	1.4 CITY-ST-	1		•	1			
TITLE	DATE OF TE GOOD	☐ DELETE	2.1 TITLE			Change	☐ Addition			
NAME			2.2 NAME	İ						
			2.3 STREET	ADDRESS			ŀ			
STREET ADDRESS			2.3 3 INCL. 17	ADDITES						
CITY-ST-ZIP		**	2.4.000/.01	710			+			
		n	2.4 CITY-ST	-ZIP	<u> </u>	☐ Change	Addition			
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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.