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 Mar 14, 1999 8:00 am **Secretary of State**

03-14-1999 90028 016 ***150.00

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DOCUMENT 1. Corporation Name	#P98000102268

FLORIDA BOX CORPORATION

Mailing Address Principal Place of Business

> 8224 MIDNIGHT PASS ROAD SARASOTA FL 34242



8224 MIDNIGHT PASS ROAD SARASOTA FL 34242 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/07/1998 Applied For 2a. Mailing Address 2. Principal Place of Business 65-0886146 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 25 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 REINICKE, STEPHANIE A 82 Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND STREET STE. 803 SARASOTA FL 34236 83 Zip Code 84 85 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.

Signature, typed or printed name of registered agent and title OFFICERS AND DIR		Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
- SC-	DELETE	1.1 TITLE	☐ Change	Additio
. 15		1.2 NAME		
JOHNSON, JONNY				
8224 MIDNIGHT PASS ROAD		1.3 STREET ADDRESS		
SARASOTA FL 34242		1.4 CITY-ST-ZIP	☐ Change	Additio
	☐ DELETE	2.1 TITLE	□ Change	L.J Addition
		2.2 NAME		
		2 3 STREET ADDRESS		
		2.4 CITY-ST-ZIP		
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·	☐ DELETE	6.1 TITLE	Change	Additi
		6.2 NAME	_ ,	_
		6.3 STREET ADDRESS		
55		6.4 CITY-ST-ZIP		
<u> </u>			ection 119 07(3)(i) Florida Statutes, I further certify that the i	- F

indicated on this annual report or supplied with an address, in the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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.