

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  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90060 003 \*\*\*150.00

DOCUMENT # S07600

1. Corporation Name

SUGARMILL WOODS MANAGEMENT, INC.

Principal Place of Business

8120 S SUNCOAST BLVD  
HOMOSASSA FL 34446  
US

Mailing Address

212 SOUTH CENTRAL  
SUITE 100  
ST LOUIS MO 63105  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1990

4. FEI Number

65-0241422

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1625 West Marion Avenue

Suite, Apt. #, etc.

22 Suite 1

City & State

23 Punta Gorda, FL

Zip

24 33950

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

JAMES E MOORE III  
1625 W MARION AVE  
STE 2  
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS SCHIFFER, LAURENCE A  
CITY-ST-ZIP 212 SOUTH CENTRAL SUITE 100  
ST LOUIS MO

TITLE ☐ DELETE

NAME CSD  
STREET ADDRESS LOVE, ANDREWS S. JR.  
CITY-ST-ZIP 212 SOUTH CENTRAL SUITE 100  
ST LOUIS MO

TITLE ☐ DELETE

NAME AT  
STREET ADDRESS KOVARIK, ANNETTE  
CITY-ST-ZIP 212 SOUTH CENTRAL, SUITE 100  
ST LOUIS MO

TITLE ☐ DELETE

NAME TAS  
STREET ADDRESS CLEMENT, GLORIA D  
CITY-ST-ZIP 212 SOUTH CENTRAL, SUITE 100  
ST. LOUIS MO 63105

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Zip is 63105

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Zip is 63105

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Zip is 63105

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 an attachment with an address, with all other like empowered.

SIGNATURE:

*Gloria D. Clement*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99  
Date

(814) 512-8711  
Daytime Phone #

CR2E034 (1/98)