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FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V42684** (3)  
1. Corporation Name  
**SIERRA MANUFACTURING, INC.**



Principal Place of Business  
**2812 APOPKA BLVD.  
APOPKA FL 32703**

Mailing Address  
**2812 APOPKA BLVD.  
APOPKA FL 32703**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/09/1992</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3129331</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ADAMS, GARY D.  
2812 APOPKA BLVD.  
APOPKA FL 32703**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPVT</b>	1.1 TITLE	<b>DPVT</b>
NAME	<b>ADAMS, GARY D.</b>	1.2 NAME	<b>Adams, Gary D.</b>
STREET ADDRESS	<b>1170 NEEDLEWOOD LOOP</b>	1.3 STREET ADDRESS	<b>100 Arrowhead Crt.</b>
CITY-ST-ZIP	<b>OVIEDO FL</b>	1.4 CITY-ST-ZIP	<b>Winter Springs FL 32708</b>
TITLE	<b>VS</b>	2.1 TITLE	<b>VS</b>
NAME	<b>NEWTON, GARY</b>	2.2 NAME	<b>Newton, Gary</b>
STREET ADDRESS	<b>2477 GOLDEN EAGLE DRIVE</b>	2.3 STREET ADDRESS	<b>1918 Smoke Tree Circle</b>
CITY-ST-ZIP	<b>APOPKA FL</b>	2.4 CITY-ST-ZIP	<b>Apopka FL 32712</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE

CR2E034 (10/97)