

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90011 045 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V42684**

1. Corporation Name

**SIERRA MANUFACTURING, INC.**



Principal Place of Business <b>2812 APOPKA BLVD. APOPKA FL 32703</b>	Mailing Address <b>2812 APOPKA BLVD. APOPKA FL 32703</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 100 Mingo Trail</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Longwood FL</b> Zip Country <b>24 32750 25 USA</b>	2a. Mailing Address <b>26 100 Mingo Trail</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Longwood FL</b> Zip Country <b>29 32750 30 USA</b>
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3. Date Incorporated or Qualified

**06/09/1992**

4. FEI Number

**59-3129331**

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

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	<b>Adams, Gary D.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>100 Mingo Trail</b>
83	
84 City	<b>Longwood FL</b>
85 Zip Code	<b>32750</b>

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

**4-28-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPVT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, GARY D.</b>	1.2 NAME	
STREET ADDRESS	<b>100 ARROWHEAD CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWTON, GARY</b>	2.2 NAME	
STREET ADDRESS	<b>1918 SMOKETREE CIR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**4-28-99 407-332-0408**

CR2E034 (11/98)