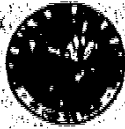


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **731418** (0)  
1. Corporation Name  
**THE SANDRAC ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**6888 ESTERO BLVD FT MYERS BEACH FL 33931** **6888 ESTERO BLVD FT MYERS BEACH FL 33931**

APPROVED AND FILED  
95 MAY -1 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **12/18/1974** 3a. Date of Last Report **05/01/1994**  
4. FBI Number **59-1807853** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**FERRIER, J A  
6870 ESTERO BOULEVARD, APT. A301  
FT MYERS BCH FL 33931**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>PLATTEN, WILLIAM E</b>
STREET ADDRESS	<b>6870 ESTERO BLVD</b>
CITY - ST - ZIP	<b>FT.MYERS BCH. FL</b>
TITLE	<b>VD</b>
NAME	<b>WHEALY, LYLE</b>
STREET ADDRESS	<b>6870 ESTERO BV</b>
CITY - ST - ZIP	<b>FT.MYERS BCH. FL</b>
TITLE	<b>SD</b>
NAME	<b>LORENTSON, JAMES</b>
STREET ADDRESS	<b>6872 ESTERO BOULEVARD</b>
CITY - ST - ZIP	<b>FT.MYERS BCH. FL</b>
TITLE	<b>D</b>
NAME	<b>SCHILLING, FRANCIS</b>
STREET ADDRESS	<b>6872 ESTERO BLVD</b>
CITY - ST - ZIP	<b>FT.MYERS BCH. FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ARCHER, G. EUGENE</b>	
1.3 STREET ADDRESS	<b>6670 ESTERO BLVD</b>	
1.4 CITY - ST - ZIP	<b>FT MYERS BEACH FL 33931</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>CARRDUFF, JOHN</b>	
2.3 STREET ADDRESS	<b>6670 ESTERO BLVD</b>	
2.4 CITY - ST - ZIP	<b>FT. MYERS BEACH, FL 33931</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>LANDIG, RONALD</b>	
3.3 STREET ADDRESS	<b>6672 ESTERO BLVD</b>	
3.4 CITY - ST - ZIP	<b>FT. MYERS BEACH FL</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Francis J. Schilling, Director **4/26/95** **813 463-0370**  
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR (Last) (City/State)