

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 766934 (4)

1. Corporation Name
SAND DOLLAR III, INC.



Principal Place of Business: 8050 SOUTH A1A ST. AUGUSTINE FL 32086
Mailing Address: 8050 SOUTH A1A ST. AUGUSTINE FL 32086

3. Date Incorporated or Qualified: 02/11/1983
3a. Date of Last Report: 07/12/1995

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: 59-2269575
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**JACOBS, PHILIP H
4075 A1A BCH BLVD, STE 100 REAR
ST AUGUSTINE FL 32084**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | HOWELL, LIBBY | |
| STREET ADDRESS | 1435 SAN AMARO RD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | ATZ, GLADYS | |
| STREET ADDRESS | 909 PARK FOREST LN | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RETTBUSH, JEAN | |
| STREET ADDRESS | 7 PLANTATION CIR | |
| CITY-ST-ZIP | VALDOSTA GA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SMITH, BILL | |
| STREET ADDRESS | 409 BOXWOOD SQ | |
| CITY-ST-ZIP | KNOWVILLE TN | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | HARRISON, JOHN | |
| STREET ADDRESS | 1580 OCONEE ROAD | |
| CITY-ST-ZIP | WAYCROSS GA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 119.07(3)(k), 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: Libby Howell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: _____

CR2E037 (12/95)