

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # K63539 (6)**

1. Corporation Name  
**SAND DOLLAR SERVICES, INC.**

**FILED**  
95 JUL 21 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address  
**11208 ELMFIELD DRIVE TAMPA FL 33625**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/06/1989** 3a. Date of Last Report **02/03/1994**

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. 25. 29. 30.

4. FEI Number **59-2938143** 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**

7. This corporation has liability for intangible tax under s. 199.019 Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**PAGE, VICKI L ESQUIRE  
% LANGFORD, HILL, TRYBUS & WHALEN, P.A.  
601 BAYSHORE BLVD., SUITE 800  
TAMPA FL 33601-3277**

**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 Agent's printed name of registered agent and the corporation NOTE: Registered Agent signature required when appointing DATE

**12. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **HALLER, LACY A.**  
STREET ADDRESS **11208 ELMFIELD DR.**  
CITY ST ZIP **TAMPA FL 33625**

TITLE **VST**  
NAME **HALLER, ROBERT B.**  
STREET ADDRESS **11208 ELMFIELD DRIVE**  
CITY ST ZIP **TAMPA FL 33625**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

**13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12**

11. TITLE  Change  Addition  
12. NAME  
13. STREET ADDRESS  
14. CITY ST ZIP

21. TITLE  Change  Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY ST ZIP

31. TITLE  Change  Addition  
32. NAME  
33. STREET ADDRESS  
34. CITY ST ZIP

41. TITLE  Change  Addition  
42. NAME  
43. STREET ADDRESS  
44. CITY ST ZIP

51. TITLE  Change  Addition  
52. NAME  
53. STREET ADDRESS  
54. CITY ST ZIP

61. TITLE  Change  Addition  
62. NAME  
63. STREET ADDRESS  
64. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert B. Haller** **ROBERT B. HALLER VST** **July 11, 1995** **813-888-7733**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)

CR2E034 (3/95)