

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

3-26-96 5-26-86-C

DOCUMENT # P93000050233 (4)

1. Corporation Name

A. J. SUGAR, INC.

Principal Place of Business

1135 OCOEE-APOPKA RD
APOPKA FL 32703

Mailing Address

P O BOX 608
APOPKA FL 32704-0608
US

2. Principal Place of Business

21 2520 N. CR 427

Suite, Apt., #, etc.

22 Suite 100

City & State

23 Longwood, FL

Zip

24 32750

Country

25 USA

2a. Mailing Address

26 Po Box 953173

Suite, Apt., #, etc.

27

City & State

28 Lake Mary, FL

Zip

29 32795-3173

Country

30 USA

9. Name and Address of Current Registered Agent

BAIRD, J B
225 E ROBINSON ST
SUITE 450
ORLANDO FL 32801

3. Date incorporated or Organized

07/19/1993

3a. Date of Last Report

02/20/1995

4. FET Number

01-0417320

Applies For
Not Applicable

5. Certificate of Status Due

[]

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

[]

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes. ☒ Yes ☐ No

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 607.0602 and 607.1506, 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 607.0602, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

[] DELETE

NAME
D
FEIBUS, GARY S
301 OLD MARY COVE
LAKE MARY FL

[] DELETE

NAME
D
FEIBUS, SUSAN
301 OLD MARY COVE
LAKE MARY FL

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13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

1 NAME

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 TITLE

[] Change [] Addition

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 TITLE

[] Change [] Addition

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 TITLE

[] Change [] Addition

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 TITLE

[] Change [] Addition

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

31 TITLE

[] Change [] Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

35 TITLE

[] Change [] Addition

36 NAME

37 STREET ADDRESS

38 CITY, ST, ZIP

39 TITLE

[] Change [] Addition

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(1)(g), Florida Statutes. I further certify that the information included 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 or change 1, or on an additional sheet with an address.

SIGNATURE:

Suzan Feibus

Suzan Feibus

1/22/96

407 331-7666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)