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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000060254

1. Corporation Name

SAUNDERS ENTERPRISES, INC.

Principal	Place o	f Business							

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90141 033 \*\*\*150.00



	e or business									
4577 PRINCESS LABETH COURT JACKSONVILLE FL 32258 4577 PRINCESS LABETH COU JACKSONVILLE FL 32258 JACKSONVILLE FL 32258		OURT					- 1 OF			
						DO NOT WRITE	IN THIS S	PACE		
						<ol><li>Date Incorporated or Qualifed</li></ol>				
						08/04/1995				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		$\overline{}$	Applied For	
21		26				59-3329094		П	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.7	5 Additional	
22		27				5. Certifcate of Status Desired		Fee	Required	
City & State		City & State				6. Election Campaign Financing		\$5	00 May Be.	
23		28			<del></del>	Trust Fund Contribution	□		led to Fees	
Zip	Country	Zip				8. This corporation owes the current	of year Intar	naible		
24			30	,		Personal Property Tax.				
24	9. Name and Address of Current	<del></del>	30,			10. Name and Address of New Re	gistered A	gent		
<del></del>	3. Harrie and Address of Content	(registerou rigorit		81	Name					
SALI	NDERS, ALEC		1							
4577	PRINCESS LABETH COURT		8		Street Addre	ess (P.O. Box Number is Not Acceptab	ile)			
JACI	KSONVILLE FL 32258		ļ	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, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent	signature required	when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRE	CTORS IN 12	
TITLE	Р	☐ DELETE	1.1 TIT	ΠE				Char	ige	
NAME	Saunders, Alec R		1.2 NA	ME						
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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: