FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 APR 21 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V00300 (6)

1. Corporation Name

SAGO INVESTMENTS, INC.

Principal Place of Business	Mailing Address
5720 MAJOR BLVD SUITE 300 ORLANDO FL 32819 US	13501 LAKE LUNTZ DRIVE WINTER GARDEN FL 34787

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/16/1991**

3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25):

Zip (29): Country (30):

4. FEI Number: **59-3102901** ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TARR, SCOTT
13501 LAKE LUNTZ DRIVE
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City **FL** 65 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	1.1 TITLE	President / Director	☒ Change ☐ Addition
NAME	TARR, SCOTT R	1.2 NAME	Scott R. Tarr	
STREET ADDRESS	13501 LAKE LUNTZ DR	1.3 STREET ADDRESS	13501 Lake Lunta Drive	
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	VTD	2.1 TITLE	Secretary / Director	☒ Change ☐ Addition
NAME	TARR, SUZANNE M	2.2 NAME	Tarr, Suzanne M	
STREET ADDRESS	13501 LAKE LUNTZ DR	2.3 STREET ADDRESS	13501 Lake Luntz Dr.	
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE		3.1 TITLE	Vice President / Director	☐ Change ☒ Addition
NAME		3.2 NAME	Roche, Robert	
STREET ADDRESS		3.3 STREET ADDRESS	2808 Tropic Court	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE		4.1 TITLE	Treasurer / Director	☐ Change ☒ Addition
NAME		4.2 NAME	Roche, Linda	
STREET ADDRESS		4.3 STREET ADDRESS	2808 Tropic Cow	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Scott Tarr Scott TARR 4/17/95 (407)363-3920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0378170 CP