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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 25 PM 4:30

DOCUMENT # **160660** **(7)**

1. Corporation Name
S AND A CORPORATION

Principal Place of Business	Mailing Address
315 E. ROBINSON ST., SUITE 690 P O BOX 632 ORLANDO FL 32802	315 E. ROBINSON ST., SUITE 690 P O BOX 632 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/25/1950**
3a. Date of Last Report: **02/17/1994**

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: **59-6063085** ☐ 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

DONELAN, STEPHEN M., ESQ.
4315 WORTH DR WEST
JACKSONVILLE FL 32207

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 _____ 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	GODWIN, RUSSELL J.	1.2 NAME	
STREET ADDRESS	1126 BROOKWOOD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	CRABB, NANCIE S.	2.2 NAME	
STREET ADDRESS	7235 KINGS ARM DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MANASSAS VA	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	GODWIN, HELEN S.	3.2 NAME	
STREET ADDRESS	1126 BROOKWOOD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	LOBNITZ, GLORIA S.	4.2 NAME	
STREET ADDRESS	1800 BRIERCLIFF DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
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: Russell J. Godwin Pres. 1/25/95 904-396-7174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0417027 FP

WYNN, DEXTER & SAMPEY, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

315 E. Robinson St., Suite 690
Post Office Box 632
Orlando, Florida 32802
Telephone (407) 425-4651

To: S + A Corp Date: 1-11-95

INSTRUCTIONS FOR FILING ENCLOSED RETURNS(S)

CORPORATION ANNUAL REPORT

☑ Review pre-printed data in Blocks 9 and 12. If necessary enter changes in Block 13. See instructions enclosed.

☑ Sign in designated Block #14. Type information requested in Block #14. Date and insert phone number.

☑ Enclose check for $200 payable to **Department of State.**

☑ Mail prior to **May 1, 1995.**

Mail to:

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500