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 APR -7 AM 11:32

DOCUMENT # **230936** **(7)**

1. Corporation Name
SEMCO OF SANFORD, INC.

Principal Place of Business	Mailing Address
2701 W 25TH ST P. O. BOX 1885 SANFORD FL 32772-1885 US	2701 W 25TH ST P. O. BOX 1885 SANFORD FL 32772-1885 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/09/1959**
3a. Date of Last Report: **04/07/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-6071130** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HORNE, W.W. AND/OR SHOEMAKER JR.,A.K. 2701 W. 25TH ST. P. O. BOX 1885 SANFORD FL 32772-8885	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	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	AGORANOS, LEO	1.2 NAME	
STREET ADDRESS	1836 LOCUST LAND	1.3 STREET ADDRESS	
CITY-ST-ZIP	MT PROSPECT, ILL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	SHOEMAKER, A K JR	2.2 NAME	
STREET ADDRESS	2701 W 25TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	PD ☐ Change ☐ Addition
NAME	HORNE, W W	3.2 NAME	HORNE, W. W.
STREET ADDRESS	1634 PARADISE LN.	3.3 STREET ADDRESS	108 WOOD RIDGE TRAIL
CITY-ST-ZIP	VOLUSIA-ASTOR, FL 00000	3.4 CITY-ST-ZIP	SANFORD, FL 32771
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: A. K. SHOEMAKER, JR. 4/3/95 (407) 322-3103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0418000 FP