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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90028 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 492485

1. Corporation Name

J.D. SANDERS, INC.

Principal Place of Business
**4404 NW 6TH ST
GAINESVILLE FL 32609-1744
US**

Mailing Address
**4404 NW 6TH ST
GAINESVILLE FL 32609-1744
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1976	
21		26		4. FEI Number 59-1638747	Applied For ☐ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
Zip		Zip			
24		29		30	
Country		Country			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SANDERS, J D JR 2404 NW 46TH TERR GAINESVILLE FL 32605				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

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 OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, J. D.	1.2 NAME	
STREET ADDRESS	1625 NW 39TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VPSD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, DOROTHY	2.2 NAME	
STREET ADDRESS	1625 NW 39TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, DELL M	3.2 NAME	
STREET ADDRESS	4400 NW 6TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, JAMES H	4.2 NAME	
STREET ADDRESS	P O BOX 800 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHER FL	4.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, J D JR	5.2 NAME	
STREET ADDRESS	2404 NW 46TH TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 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:

J.D. Sanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 202-373-4400
Date Daytime Phone #

CR2E034 (11/98)