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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 07 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

579854

(1)

SANREY, INC.

**SIGNATURE:** 

Principal Place	of Business	Mailing Address	<del></del>	···-	····				
5279 GOLF CO JACKSONVILLE			5279 GOLF COURSE DRIVE JACKSONVILLE FL 32277-1318						
						3. Date incorporated or Qualified	3a. Date of Li	ast Re	port
						07/19/1978	09/24/19	96	
2. Principa! Pla	ace of Business	2a. Mailing Address				4. FEI Number		<del></del>	plied For
21		26				59-1873097   Not Applicable			
Suite, Apt 4	# etc	Suite, Apt. #, etc.	<del></del>			5. Certificate of Status Desired	7		dditional quired
City & State		City & State	City & State			6. Election Campaign Financing	<del></del>		
23	•	28				Trust Fund Contribution			May Be o Fees
7 <sub>1</sub> p	<u></u>			try		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			· · · · · · · · · · · · · · · · · · ·	Yes No		
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	glatered Agent		
REY	NOLDS, II, JOHN R		8	31	Name				
2403	3 ATLANTIC BLVD.		82 Street Ad			ress (P.O. Box Number is Not Acceptab	le)		
	KSONVILLE FL 32207								
J. 13.			8	33					
			8	34	City		85	Zip C	Code
						poration submits this statement for the p			
SIGNATURE	Significal typeshol printed name of regularid aga	ent and offerit applicable. (NOTE				tion's board of directors. I hereby accer	DATE		
12.		ID DIRECTORS  DELETE	1,1 TITLE		····	ADDITIONS/GHANGES TO OFFIC	Chi		Addition
TITLE	PTD	C DECENE	1.2 NAME					gro	
NAME PERCELANDOS CO	RETHOLDS, GRACE W			1.3 STREET ADDRESS					
STREET ADDRESS  C-TY - ST - ZiP	5279 GOLF COURSE DR.		1.4 CITY			•			
1011	JACKSONVILLE FL	DELETE	21 TITLE				Cha	ange	Addition
NAME				2.2 NAME					į
STREET ADDRESS	1773 BLANDING BLVD.		2 3 STREET ADDRESS						
C-17 - ST - 71P	JACKSONVILLE FL		2 4 CITY-ST-ZIP						
TITLE		DELETE	3 1 TITLE				☐ Chi	inge	Addition
NAME			3.2 NAM	Æ					
STREET ADDRESS			3.3 STR	EET A	ADDRESS				
COTY - ST - ZIP			3.4. CIT	_	T-ZIP				The Anne
HILE				4.1 TITLE			L, Ch	mge	Addition
NAME			4. 2 NAI						
STREET ADDRESS					ADDRESS				
COTY+ST ZIF		DELETE	4.4 CITY 5.1 TITE		I - ZIP		☐ Ch	anne	Addition
TITLE		bitte	5.2 NAN					. igo	/ NORTON
SAME CIGGOT APPROPRIE			•		ADDRESS				•
STREET ADDRESS			1						
CITY - ST - ZIF TITLE		☐ DELETE	5.4 City-5 6.1 Title		- дн		☐ Ch	ange	Addition
NAME			6.2 NAN				<del></del>		
STREET ADDRESS					ADDRESS				
City St-7≥			6.4 CIT	y - S1	T-ZIP				
14. Ldo here!	by certify that the information supplie	ed with this filing does not qualif	v for the e	exer	mption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify	that	the
informatio Lani an of appears ii	in molicared on trils armual report or fficer or director of the corporation o n Block 12 or Block 13 if changed c	supplementar annual report is to it the receiver or trustee empeyor or on an attachment with an arc	ered to ex iress.	(eci	ute this repo	at my signature shall have the same lege ort as required by Chapter 607, Florida S	Stalutes; and that	my n	iame