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

29

9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 590781

(1)

SANDBAR HOLDINGS, INC.

Principal Place of Business Mailing Address 3855 PERIMETER ROAD P. O. DRAWER D PALM CITY FL 34990 STUART FL 34995-0299 US 3. Date Incorporated or Qualified 3a. Date of Last Report 10/23/1978 01/31/1996 2a. Mailing Address 4. FEI Number SW ANHINGA KERGE 59-1862117 Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 City & State 6. Election Campaign Financing 28 Co

30

MCCARTHY, DANIEL J.W. 3855 PERIMTER ROAD> PALM CITY Ft 34990

25

| | Trust Fund Contribution Added to Fees |
|-------|--|
| untry | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No |
| T | 10. Name and Address of New Registered Agent |
| B1 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | Dalu City FL 85 38990 |

FILED

Apr 14 1997 8:00am

Secretary of State

Applied For

Fee Required

\$5.00 May Be

Not Applicable

11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation sebmits 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, typicalor printed hame or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition PD DELETE 1.1 TITLE Change TILLE MCCARTHY, DANIEL J.W. NAM: 1.2 NAME 3355 PERIMETER RD. 1.3 STREET ADDRESS STREET ADDRESS PALM CITY FL-1.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Addition 21 Till F TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 City-St-ZiP CHY-ST-ZIF DELETE Change ■ Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST- ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY ST-20 DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 City-ST-ZIP (31) Y - \$1 - 20 DELETE Change Addition 6.1 TITLE THE 6.2 NAME NAME **63 STREET ADDRESS** STREET ADDRESS 64 CITY-ST-ZIP

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the state amount report is true and accurate and that my signature shall have the same legal effect as if made under oath; that error tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information supplied with this filin I am an officer or director of the corporation or appears in Block 12 or Block 13 if changed, or with an address

SIGNATURE: