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

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**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

Ζip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 593985

(5)

SANFORD MOTOR COMPANY, INC.

Country

9. Name and Address of Current Registered Agent

Principal Place of Business	ALCON Address					
9418 \$. ORLANDO DRIVE SANFORD FL 92773	Mailing Address 3418 S. ORLANDO DRIVE SANFORD FL 32773-5608	1,000 1	E-FECT			
		3. Date Incorporated or Qualified 11/21/1978	3a. Date of Last Report 04/29/1996			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For			
21	26	59-1985012	Not Applica			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be			

BALES, DONALD J. 3418 S. ORLANDO DR. Street Address (P.O. Box Number is Not Acceptable) SANFORD, FLORIDA D 32773

Country

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	84	City	F-1	85	Zip Code
	]			<u> </u>	
no at	OOVE	e-named corporation submits this statement for the p	urpose of a	han	ging its registered

Florida Statutes Yes No

10. Name and Address of New Registered Agent

8. This corporation has liability for intangible tax under s. 199.032,

**FILED** 

Apr 16 1997 8:00am

Secretary of State

11. Pursuant	to the provisions of Sections 607,0502 and 607,150	8 Florida Statutes	the above-named	corporation submits this statement for the purpo	se of changing i	to registered				
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	Signature, typod or printed name of registered agent and title if applica	blo (NOTE: F	Registered Agent signature	required when reinstating) DA	ATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12				
TITLE	STD	☐ DELETE	1.1 TITLE		Change	☐ Addition				
NAME	BALES, EVELYN C		1.2 NAME	·						
STREET ADDRESS	805 DE LA BOSQUE		1.3 STREET ADDRESS	v.		[3				
CITY-ST-ZIP	LONGWOOD FL		1.4 City - ST-ZIP							
TITLE	PD	☐ DELETE	2.11018		☐ Change	Addition (				
NAME	BALES, DONALD J		2.2 NAME							
STREET ADDRESS	805 DE LA BOSQUE		2.3 STREET ADDRESS							
CITY-ST-ZIP	LONGWOOD FL		2 4 CHY-S1-ZIP							
TITLE	VD	☐ DELETE	31 1111.		Change	Addition				
NAME	BALES, JEFFREY C		3.2 NAME							
STREET ADDRESS	152 MAYFAIR COURT		3.3 STREET ADDRESS	·						
CITY-ST-ZIP	SANFORD, FL 00000	- <u></u>	3.4. CITY - \$1 - ZIP							
TITLE "		DELETE	4.1 1  1  .		Change	Addition				
NAME			4. 2 NAME			İ				
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-S1-7IP							
TITLE		DELETE	5.1 TITLE		Change	Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS			1				
CITY-ST-ZIP			5.4 C(1Y - \$1 - 7)P							
TITLE		DELETE	6.1 TITLE		Change	Addition				
NAME			6.2 NAME							
STREET ADDRESS			63 STHEET ADDRESS							

64 CHTY-ST-7IP 14. I do hereby certify that the information supplied with this filing do; 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 eath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Applied For Not Applicable

Added to Fees