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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90030 036 ***150.00

DOCUMENT # 644091

BRIAN C	SANDERS P.A.						I SERISE BUILL BURN DIRU BRID	8181 218) BJØ21 8	ilair dydiy didir d	1811 SISIK 1881
Principal Place	e of Business	Mailing Address					g të dhila milit didit drait gana t	9141 F1W1 B1B11 B	1914 E1E11 B1\$12 B	1011 G(B() 1801
171 C EGLIN F		171 C EGLIN PARKWAY NE				ĺ				
P.O. BOX 2529							DO NOT WRITE IN THIS SPACE			
FI. WALTON D	EACH FL 32343	11. WALTON BEACH TE 3234				3.	Date Incorporated or Qualifed			
]						1	11/05/1979			
2. Principal P	lace of Business	2a. Mailing Address				1	FEI Number		App	plied For
21		26					<u>59-1943705</u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired		\$8.75 A Fee Red	
22		27				· ·		_		`
City & Stat	e	City & State			1	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zio Zio	Coun	ıtrv -			This corporation owes the cur	rent year Int		
24	25	29 30	_	,			Personal Property Tax.	ieni year nii		□No
241	9. Name and Address of Curren		<u>, </u>				Name and Address of New	Registered	Agent	
			- 1	81	Name					
SANDERS, BRIAN C				82	Street Add	drose /P	O. Box Number is Not Accept	able)		
171 N. EGLIN PARKWAY				"	Oli GEL AGG	arcoo (i	.o. box (40)(100) 15 (10) (100)			
FT. '	WALTON BEACH FL 32548		[83						
			-	84	City				85 Zip C	Code
		•						FL	.	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes, of Florida. Such change was autitions of, Section 607.0505, Florid	, the ab horized la Statul	ove- by thes.	named cor he corporat	poration tion's bo	submits this statement for the ard of directors. I hereby acce	purpose of pt the appoi	changing its ntment as rec	registered gistered
SIGNATURE										;
42	Signature, typed or printed name of registered agen		egistered A	Agent :	signature requir		instating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	ID DIRECTO	RS IN 12
12.	OFFICERS AN	DELETE	1.1 TITL	F			ADDITIONO/OTIANGED TO OT	TIOE/10 /II	Change	Addition
NAME	SANDERS, BRIAN C.	C. 5224.2	1.2 NAM		İ					_
STREET ADDRESS	1000 REGATTA DR.				ADDRESS					
CITY-ST-ZIP	ANOTHER EL			1.4 CITY-ST-ZIP						
TITLE				2.1 TITLE					Change	Addition
NAME	SANDERS, BRIAN C.			2.2 NAME						
STREET ADDRESS	1000 REGATTA DR.			STREET ADDRESS						
CITY-ST-ZIP	NICEVILLE FL		2.4 CIT	CITY-ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE						Change	☐ Addition
NAME		, , , , ,	3.2 NAME			Ì				
STREET ADDRESS	, t		3.3 STR	REET A	ADDRESS					
CITY-ST-ZIP			3.4. CIT	Y-ST	- ZIP					
TITLE		☐ DELETE	4.1 TITLE						Change	☐ Addition
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STR	REET	ADDRESS		•			ſ
CITY-ST-ZIP			4.4 CIT		ZIP					
TITLE	•	☐ DELETE	5.1 TITL	-					☐ Change	☐ Addition
NAME		· ·	5.2 NAA	ME	Į.					Į

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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 1, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition