

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR 29 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 677441 (8)

1. Corporation Name

SADLER CROOKED LAKE GROVE, INC.

Principal Place of Business

5112 ILE DE FRANCE
PO BOX 235
TALLAHASSEE FL 32308
US

Mailing Address

5112 ILE DE FRANCE
PO BOX 235
TALLAHASSEE FL 32308-5808
US

3. Date Incorporated or Qualified

06/26/1980

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2149970

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SADLER, R. DOUGLAS
WINTER GARDEN-OAKLAND ROAD
OAKLAND FL 34760

10. Name and Address of New Registered Agent

81 Name

SUSAN M. TEEI

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

TALLAHASSEE

FL

85

Zip Code

32308

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
officer 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

SUSAN M. TEEI

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

DP
SUSAN M TEEI
5112 ILE DE FRANCE
TALLAHASSEE FL

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

DVP
GEORGE D TEEI
5112 ILE DE FRANCE
TALLAHASSEE FL

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

DST
A
SHAH A TEEI
5112 ILE DE FRANCE
TALLAHASSEE FL

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

5112 ILE DE FRANCE
TALLAHASSEE FL

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

5112 ILE DE FRANCE
TALLAHASSEE FL

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

5112 ILE DE FRANCE
TALLAHASSEE FL

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

500002163045
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****165.00 ****165.00

14. I do 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.

SIGNATURE: GEORGE D. TEEI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

DATE

904-877-0330

DAYTIME PHONE #

0047871

CR2E034 (9/96)