

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743180 (2)
1. Corporation Name
CEDARSAND, INC.

Principal Place of Business Mailing Address
12274 1ST STR W TREASURE ISLD FL 33706 US **7801 9TH STR NO STE C ST PETERSBURG FL 33702-5200 US**

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **06/08/1978** 3a. Date of Last Report **04/22/1994**
4. FEI Number **59-2053001** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**JOHN WATSON ESQ.
600 49TH STREET N.
SUITE 401 C
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent
81 Name **Richard McLean**
82 Street Address (P.O. Box Number is Not Accountable) **12274 1st Street W.**
83
84 **Treasure Island FL** 85 Zip Code **33706**

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 *Richard McLean* DATE **4/25/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	VOLMAR, NANCY
STREET ADDRESS	12274 1ST STREET WEST
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	TD
NAME	TYLER, SHIRLEY
STREET ADDRESS	7801 9TH STR NO, STE C
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	PD
NAME	MCLEAN, RICHARD
STREET ADDRESS	12274 1ST STREET WEST
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33706
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33702
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33706
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Shirley A. Tyler, Treas.* **4-24-95** **813-528-8633**
Signature, typed or printed name of signing officer or director (Date) (Phone Number)
SHIRLEY A. TYLER, TREAS.