FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 10:00

DOCUMENT # **F08862** **(7)**

1. Corporation Name
SANDY HILLS, INC.

Principal Place of Business	Mailing Address
224 S.MISSOURI AVE. LAKELAND FL 33801	224 S.MISSOURI AVE. LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/11/1980
3a. Date of Last Report: 01/21/1994

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

4. FEI Number: 59-2044465 ☐ 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

TODD, H.R.
224 S.MISSOURI AVE.
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ NOTE: Registered Agent Signature required when mandated. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WILFONG, SARAH T	12 NAME	
STREET ADDRESS	130 WOODMERE TRAIL	13 STREET ADDRESS	
CITY ST ZIP	MACON GA	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	CROSBY, JUDITH T	22 NAME	
STREET ADDRESS	3912 HILL TERR.DR.	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	DP	31 TITLE	☒ Change ☐ Addition
NAME	BLUE, REBECCA T	32 NAME	
STREET ADDRESS	2414 WOODLEY AVE.	33 STREET ADDRESS	3906 Oak Hollow Court
CITY ST ZIP	LAKELAND FL	34 CITY ST ZIP	High Point, NC 27265
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	TODD, NANCY	42 NAME	
STREET ADDRESS	11732 W. COAL MINE DR.	43 STREET ADDRESS	
CITY ST ZIP	LITTLETON CO	44 CITY ST ZIP	
TITLE	DST	51 TITLE	☐ Change ☐ Addition
NAME	TODD, H R	52 NAME	
STREET ADDRESS	224 S.MISSOURI AVE.	53 STREET ADDRESS	
CITY ST ZIP	LAKELAND, FL 00000	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H.R. Todd 1-9-95 (813)682-4277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H. R. TODD