FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **12/11/1980**
3a. Date of Last Report: **01/13/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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 _____ (If changing Registered Agent, Registered Agent signature required below) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILFONG, SARAH T		1.2 NAME		
STREET ADDRESS	130 WOODMERE TRAIL		1.3 STREET ADDRESS		
CITY, ST, ZIP	MACON GA		1.4 CITY, ST, ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CROSBY, JUDITH T		2.2 NAME		
STREET ADDRESS	3912 HILL TERR.DR.		2.3 STREET ADDRESS		
CITY, ST, ZIP	JACKSONVILLE FL		2.4 CITY, ST, ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLUE, REBECCA T		3.2 NAME		
STREET ADDRESS	3906 OAK HOLLOW COURT		3.3 STREET ADDRESS		
CITY, ST, ZIP	HIGH POINT NC		3.4 CITY, ST, ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TODD, NANCY		4.2 NAME		
STREET ADDRESS	11732 W. COAL MINE DR.		4.3 STREET ADDRESS		
CITY, ST, ZIP	LITTLETON CO		4.4 CITY, ST, ZIP		
TITLE	DST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TODD, H R		5.2 NAME		
STREET ADDRESS	224 S.MISSOURI AVE.		5.3 STREET ADDRESS		
CITY, ST, ZIP	LAKELAND, FL 00000		5.4 CITY, ST, ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY, ST, ZIP			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 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: _____ 1-29-96 (941)686-5013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)