

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

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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F08862** (7)

1. Corporation Name
SANDY HILLS, INC.

Principal Place of Business 224 S. MISSOURI AVE. LAKELAND FL 33801	Mailing Address 224 S. MISSOURI AVE. LAKELAND FL 33815-4635
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1980	3a. Date of Last Report 02/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2044465		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. 33815	29. 33815	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent TODD, H.R. 224 S. MISSOURI AVE. LAKELAND FL 33801 33815		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. City	
85. Zip Code		FL 33815	

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WILFONG, SARAH T	12. NAME	
STREET ADDRESS	130 WOODMERE TRAIL	13. STREET ADDRESS	
CITY - ST - ZIP	MACON GA	14. CITY - ST - ZIP	31210
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DV CROSBY, JUDITH T	22. NAME	
STREET ADDRESS	3912 HILL TERR.DR.	23. STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	24. CITY - ST - ZIP	32277
TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP BLUE, REBECCA T	32. NAME	
STREET ADDRESS	3906 OAK HOLLOW COURT	33. STREET ADDRESS	
CITY - ST - ZIP	HIGH POINT NC	34. CITY - ST - ZIP	27265
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D TODD, NANCY	42. NAME	
STREET ADDRESS	11732 W. COAL MINE DR.	43. STREET ADDRESS	
CITY - ST - ZIP	LITTLETON CO	44. CITY - ST - ZIP	80127
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DST TODD, H R	52. NAME	
STREET ADDRESS	224 S. MISSOURI AVE.	53. STREET ADDRESS	
CITY - ST - ZIP	LAKELAND, FL 00000	54. CITY - ST - ZIP	33815
TITLE	<input checked="" type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  2-28-97 (941) 686-5013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)