

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

FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 33815
US

Mailing Address
224 S. MISSOURI AVE.
LAKELAND FL 33801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 222 MORNINGSIDG DRIVE Suite, Apt. #, etc. 22 LAKELAND City & State 23 LAKELAND, FL Zip 24 33803		2a. Mailing Address 26 222 MORNINGSIDG DR Suite, Apt. #, etc. 27 City & State 28 LAKELAND, FL Zip 29 33803		3. Date Incorporated or Qualified 12/11/1980	
25 USA		30 USA		4. FEI Number 59-2044465	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

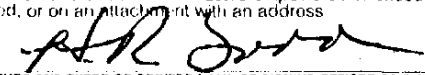
9. Name and Address of Current Registered Agent TODD, H.R. 224 S. MISSOURI AVE. LAKELAND FL 33815				10. Name and Address of New Registered Agent 81 Name H. R. TODD 82 Street Address (P.O. Box Number is Not Acceptable) 222 MORNINGSIDG DR 83 84 City LAKELAND FL 85 Zip Code 33803			
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11. 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  H. R. TODD 3-17-98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	31210			
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	32277			
TITLE	DP	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BLUE, REBECCA T		3.2 NAME				
STREET ADDRESS	3908 OAK HOLLOW COURT		3.3 STREET ADDRESS				
CITY-ST-ZIP	HIGH POINT NC		3.4 CITY-ST-ZIP	27265			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	80127			
TITLE	DST	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TODD, H R		5.2 NAME				
STREET ADDRESS	224 S. MISSOURI AVE.		5.3 STREET ADDRESS	222 MORNINGSIDG DRIVE			
CITY-ST-ZIP	LAKELAND, FL 00000		5.4 CITY-ST-ZIP	LAKELAND FL 33803			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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:  H. R. TODD 3-12-98 (44)686-5013

CR2E034 (10/97)