FILE	E NOW: FII	LING FEE AF	TER MAY 1ST IS	\$ \$550.00	FILE	D
COF	PROFIT RPORATION JAL REPORT		FLORIDA DEPAR Sandra B.		Mar 19 199	8 8:00am
	1998		Secretary DIVISION OF CO		Secretary	of State
DOCU 1. Corporatio	MENT #	F08862	(7)			
SANDY	HILLS, INC.				A SERVICE DAN BRIEF NEWS NOVE SITE OF A SERVICE STATE OF A SERVICE STA	III BIRLI BIRII RIBII RIBII RIBII IEBI
Principal Plac	e of Business	alle annual del Bergania, annual de la responsave en el recons	Mailing Address			
224 S.MISSOURI AVE 224 S.MISSOURI AVE.						
LAKELAND FL 33815 LAKELAND FL 33801 US			LAKELAND FL 33801		DO NOT WRITE IN THIS	S SPACE
					3. Date Incorporated or Qualified	************
- D			1 - 5 - 7		12/11/1980	
2. Principal P 21 222	lace of Business	EIDE DRIVE	2a. Mailing Address 26 222 Monn	MESCAE DA	4. FEI Number	Applied For
Suite, Apt		INS DRIVE	Suite, Apt. #, etc.	HOPSI DE DIC		Not Applicable \$8.75 Additional
	EHNB		27		5. Certificate of Status Desired	Fee Required
City & Stat	ELAND,	FL	City & State  28 LAKELAN	DIFL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 338	303 25	Country U3A	33803	Country 30 USA	<ol> <li>This corporation owes or has paid the or Personal Property Tax due June 30.</li> </ol>	urrent year Intangible  Yes \[ \] No
		Address of Current F	Registered Agent		10. Name and Address of New Registered	Agent
	DD, H.R.			B1 Name	H. R. TODD	
	<del>l S.MISSOURI A</del> Veland el god		ddress (P.O. Box Number is Not Acceptable)			
DA	KELAND FL <del>830</del>	10 -		63	E MORENINGSI DE DE	<u> </u>
				84 City		. 85 Zip Code
		- <del> </del>			LAKELAND FI	23803
office or r	registered agent, o	r bolh, in the State of	l Florida, Such change was a∟	uthorized by the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its registered opointment as registered
agent. I a	m familiar with an	ocept the obligation	ons of, Section 607.0505, Flor	ida Statutes.		~ 60
SIGNATURE	Signature typed or print	ed harne of registered agent a	and tille if applicable (NOTE	4. K. To		
12.		OFFICERS AND D		Registered Agent signature re		7.78
TIPLE	D		DIRECTORS	13.		
NAMÉ		IDALL T		13. 1.1 TITLE	equired when re-instating) DATE	ID DIRECTORS IN 12 Change
CTRCCT LDODGCC	WILFONG, SA		DIRECTORS	13. 1.1 TITLE 1.2 NAME	equired when re-instating) DATE	
STREET ADDRESS	130 WOODM		DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	equired when renalating) DATE ADDITIONS/CHANGES TO OFFICERS AN	
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14. Thereby 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 suppliemental 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 attack ment with an address

SIGNATURE:

4.7. 7600 3-12-48 (44)686-5013 H.R. TODD 3-12-98 (94)686-5013 SIGNATURE:

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP