

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # F89291

(1)

95 MAY -1 AM 2:31

1. Corporation Name

S.A.C. ENTERPRISE, INCORPORATED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**445 SPRING FIELD CT
JACKSONVILLE FL 33203
US**

Mailing Address

**445 SPRING FIELD CT
JACKSONVILLE FL 33203
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/30/1982

3a. Date of Last Report
04/29/1994

2. Principal Place of Business

21 1240 West 13th

2a. Mailing Address

26 445 Springfield ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Jacksonville FL

27 City & State

28 Jax FL

Zip

24 32209

Country

25 Duvn 1

Zip

29 32208

Country

30 Duvn 1

4. FEI Number
59-2350647

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. 190.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ANDERSON, DONNA
445 SPRINGFIELD CT.
JACKSONVILLE FL 32206**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	CAMPBELL, MATTIE C.
STREET ADDRESS	5918 SCOTT STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	P
NAME	ANDERSON, DONNA
STREET ADDRESS	445 SPRINGFIELD CRT
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	M
NAME	KENNERLY, DERRICK
STREET ADDRESS	4305 BESSIE CIRCLE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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 in an attachment with an address.

SIGNATURE:

Donna Anderson
Donna Anderson

4-27-95 354-4611