

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

2-25-96
FILED

Aug 09, 1996 08:00 AM
Secretary of State

DOCUMENT # G58360 (0)

1. Corporation Name

SACAL INVESTORS, INC.



Principal Place of Business

Mailing Address

**4336 OLD CLUB RD
MACON GA 31210**

**4336 OLD CLUB RD
MACON GA 31210**

2. Principal Place of Business

2a. Mailing Address

21 4535 Forsyth Rd

26 4535 Forsyth Rd

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

28 MACON, GA

23 MACON, GA

29 MACON, GA

24 31210

30 31210

25 USA

31 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/07/1983

3a. Date of Last Report
05/01/1995

4. FEI Number
58-0955073

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

10. Name and Address of New Registered Agent

**RONDINELLI, JOHN
1980 N. ATLANTIC AVENUE, SUITE 908
COCOA BEACH FL 32931**

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 the corporation

(NOTE: Registered Agent signature required when the statement is filed)

Date

12. OFFICERS AND DIRECTORS

11 TITLE POS
NAME CALDWELL, SALLY A
STREET ADDRESS 4336 OLD CLUB RD.
CITY - ST - ZIP MACON GA 31210

12 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

14 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

15 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

16 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 4535 Forsyth Rd
14 CITY - ST - ZIP MACON, GA 31210

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALLY A. CALDWELL

7/31/96

912/477-1722

Date

Daytime Phone

CR2E034 (3/96)