FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 6:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H14104** **(4)**

1. Corporation Name
SAUNDERS DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
501 MAIN ST. P.O. BOX 1534 WINDERMERE FL 34786	501 MAIN ST. P.O. BOX 1534 WINDERMERE FL 34786

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 P.O. Box 1534
22 Suite, Apt. #, etc.
23 City & State: Windermere, FL
24 Zip: 34786 25 Country:

2a. Mailing Address
26 P.O. Box 1534
27 Suite, Apt. #, etc.
28 City & State: Windermere, FL
29 Zip: 34786 30 Country:

4. FEI Number: 59-2432877 ☐ 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

9. Name and Address of Current Registered Agent

SAUNDERS, ROBERT L I
501 MAIN ST.
WINDERMERE FL 34786

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2021 Down Woods Lane
83
84 City: Winderemere FL 85 Zip Code: 34786

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: Amy P. Saunders Vice president 4-14-95
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	P	1.1 TITLE	☒ Change ☐ Addition
NAME	SAUNDERS, ROBERT L. III	1.2 NAME	
STREET ADDRESS	501 MAIN ST.	1.3 STREET ADDRESS	P.O. Box 1534 (N/A)
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP	Windermere, FL 34786
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	SAUNDERS, AMY PALMER	2.2 NAME	
STREET ADDRESS	501 MAIN ST.	2.3 STREET ADDRESS	P.O. Box 1534 (N/A)
CITY-ST-ZIP	WINDERMERE FL	2.4 CITY-ST-ZIP	Windermere, FL 34786
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Amy P. Saunders Vice president 4-14-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0577015 CP