

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # H18050

(5)

1. Corporation Name

SINCLAIR ASSOCIATES, INC.

95 JUL -6 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

BOX 662 ROUTE 2
SUMMERLAND KEY FL 33042

BOX 662 ROUTE 2
SUMMERLAND KEY FL 33042

12 BAY DRIVE

12 BAY DRIVE

KEY WEST, FL 33040

KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quoted

08/23/1984

3a. Date of Last Report

04/13/1994

4. FEI Number

59-2439616

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Has the corporation been organized

☐

\$5.00 May Be
Added to Fees

7. Does corporation have authority for change of name under 1993
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt # etc

State Apt # etc

22

27

City & State

City & State

23

28

Zip

Zip

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SINCLAIR, FINDLAY
BOX 662 ROUTE 2
SUMMERLAND KEY FL 33042

12 BAY DRIVE
KEY WEST FLA
33040

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent

Signature of Registered Agent or Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PTDS
SINCLAIR, FINDLAY E.
BOX 662 RT. 2
SUMMERLAND KEY FL
12 BAY DRIVE
KEY WEST
FLA 33040

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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 of this report, even as an attachment with an address.

SIGNATURE:

SINCLAIR FINDLAY SINCLAIR

JUNE 28/95

305
745-3556