

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$250 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$575)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:13

DOCUMENT # H27641

(0)

1. Corporation Name
SASMAR, INC.

Principal Place of Business

908 SYLVIA DR
P O BOX 5501
DELTONA FL 32728-2501

Mailing Address

908 SYLVIA DR
P O BOX 5501
DELTONA FL 32728-2501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1984

3a. Date of Last Report

04/15/1994

4. FEI Number

59-2483009

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

26. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MARTIN, ROGER
908 SYLVIA DR
DELTONA FL 32725

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 (print or printed name of registered agent and the filer)

(If filer is Registered Agent, signature is required when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

OV
SASSER, THURMAN
1220 WHITE OAK CREEK
BURNSVILLE NC

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

OST
MARTIN, GREGORY P.
411 OAKWOOD CT.
FERN PARK FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
SASSER, DAVID E.
6290 NANCY DR.
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
POTTS, WALTER J.
681 N. GLEN DR.
ALTAMONTE SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

OP
MARTIN, ROGER L.
908 SYLVIA DRIVE
DELTONA, FL3.

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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 110.07(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 registered agent 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 if no attachment with an address.

SIGNATURE:

ROGER L. MARTIN 6/28/95

904525935