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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H27641 (0)

1. Corporation Name

SASMAR, INC.



Principal Place of Business

908 SYLVIA DR
P O BOX 5591
DELTONA FL 32728-2591

Mailing Address

908 SYLVIA DR
P O BOX 5591
DELTONA FL 32728-2591

3. Date Incorporated or Qualified

10/18/1984

3a. Date of Last Report

07/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, ROGER
908 SYLVIA DR
DELTONA FL 32725

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 date (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DV
SASSER, THURMAN
STREET ADDRESS 1220 WHITE OAK CREEK
CITY - ST - ZIP BURNSVILLE NC

TITLE ☐ DELETE

NAME DST
MARTIN, GREGORY P.
STREET ADDRESS 411 OAKWOOD CT.
CITY - ST - ZIP FERN PARK FL

TITLE ☐ DELETE

NAME D
SASSER, DAVID E.
STREET ADDRESS 6290 NANCY DR.
CITY - ST - ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME D
POTTS, WALTER J.
STREET ADDRESS 681 N. GLEN DR.
CITY - ST - ZIP ALTAMONTE SPRINGS FL

TITLE ☐ DELETE

NAME DP
MARTIN, ROGER L
STREET ADDRESS 908 SYLVIA DRIVE
CITY - ST - ZIP DELTONA, FL3.

TITLE ☐ DELETE

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Roger L. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96 (904) 532 5935
Date Day/Date Phone #

CR2E034 (12/95)