FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
FILED

DOCUMENT # **H76675** **(8)**

1. Corporation Name
THE SANTEETLAH CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 120888 CLERMONT FL 34712-0888	P O BOX 120888 CLERMONT FL 34712-0888

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/18/1985**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2584480** ☐ 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. ... Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 21 / 2a Mailing Address 26 / Suite, Apt # etc. 22 / 27 / City & State 23 / 28 / Zip 24 / Country 25 / 29 / 30

9. **Name and Address of Current Registered Agent**

WELBORN, JAMES F JR.
13127 LOBLOLLY LANE
CLERMONT FL 32711

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 ... 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 ... Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	VT	TITLE	☐ Change ☑ Addition
NAME	WELBORN, JAMES F JR.	NAME	
STREET ADDRESS	13127 LOBLOLLY LANE	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	CITY-ST-ZIP	34711
TITLE	S	TITLE	☐ Change ☑ Addition
NAME	HALL, NANCY B	NAME	
STREET ADDRESS	13836 OMAR STREET	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	CITY-ST-ZIP	34711
TITLE	P	TITLE	☐ Change ☑ Addition
NAME	WELBORN, JAMES F SR.	NAME	
STREET ADDRESS	900 JAN MAR COURT	STREET ADDRESS	
CITY-ST-ZIP	MINNEOLA FL	CITY-ST-ZIP	34755
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] 4/26/95 904-242-1172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0378236 CP