

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 MAY 10 AM 10:35

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JACKSONVILLE
OFFICE OF THE SECRETARY OF STATE
1648 OSCEOLA STREET
JACKSONVILLE, FLORIDA 32204

DOCUMENT # H97566

(4)

SADDLETRAMPS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C/O JAMES D. O'DONNELL & ASSOCIATES
1648 OSCEOLA STREET
JACKSONVILLE FL 32204

C/O JAMES D. O'DONNELL & ASSOCIATES
1648 OSCEOLA STREET
JACKSONVILLE FL 32204

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation (or Reorganization)		3a. Date of Last Report	
02/05/1986		04/28/1994	
4. FE Number		Applied For Not Applicable	
59-2669911			
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 failed, for at least one year, to file its Florida Statutes ☐ Yes ☒ No			
2. Principal Office (City and State)	2a. Mailing Address	22. State Agent	23. City & State
21. City & State	26. City & State	27. City & State	28. City & State
24. City & State	25. City & State	29. City & State	30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'DONNELL, JAMES D.
1648 OSCEOLA STREET
JACKSONVILLE FL 32204

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
FL 85. Zip Code

11. Pursuant to the provisions of the laws of the State of Florida, this corporation agrees the statement for the purpose of changing its registered office or registered agent 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 aware with and accept the obligations of such agent of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD CORNELL, PATRICIA A. 239 JONES RD JACKSONVILLE FL	NAME	☐ Change ☐ Addition
NAME	DST VINSON, WILSON R. 1946 ALLANDALE CIRCLE JACKSONVILLE FL	NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 190.01(2), Florida Statutes. I further certify that the information indicated on this form was required or supplemented upon request in true and correct form and that my signature shall have the same legal effect as if made under oath. I am the officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in block 12 of this filing. I have changed or corrected the information previously furnished.

SIGNATURE: *Patricia A. Cornell* (PATRICIA A. CORNELL) 05-04-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-783-1001
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