

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J26265** (5)

1. Corporation Name  
**W.J. SANDERS CONSTRUCTION CORPORATION**

Principal Place of Business

**296 LESLIE LANE  
LAKE MARY FL 32746**

Mailing Address

**P.O. BOX 951435  
LAKE MARY FL 32795-1435**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/29/1986</b>	3a. Date of Last Report <b>04/26/1996</b>
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-2995606</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SANDERS, WALTER J.  
296 LESLIE LANE  
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
	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 is typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D/S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SANDERS, WALTER J.</b>	1.2 NAME	<b>SANDERS, PATRICIA D.</b>
STREET ADDRESS	<b>296 LESLIE LANE</b>	1.3 STREET ADDRESS	<b>296 LESLIE LANE</b>
CITY - ST - ZIP	<b>LAKE MARY FL 32746</b>	1.4 CITY - ST - ZIP	<b>LAKE MARY, FL 32746</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>P/TL. LESLIE, WALTER J.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>SANDERS, WALTER J.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>296 LESLIE LANE</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>LAKE MARY, FL 32746</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Walter J. Sanders* 3/28/97 407 321-8865

CR2E034 (9/96)