

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 3:37

DOCUMENT # J31353 (2)

1. Corporation Name

SAUNDERS AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

% ANDREW J. SAUNDERS
1510 EAST SEVENTH AVENUE SUITE C
TAMPA FL 33605

% ANDREW J. SAUNDERS
1510 EAST SEVENTH AVENUE SUITE C
TAMPA FL 33605

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/03/1986

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2735945

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

2a. Mailing Address

21 1112 Channelside Drive

26 1112 Channelside Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 107

27 Suite 107

City & State

City & State

23 Tampa, Florida

28 Tampa, Florida

24 33602 25 USA

29 33602 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAUNDERS, ANDREW J.
1510 EAST SEVENTH AVENUE
SUITE C
TAMPA FL 33605

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1112 Channelside Drive

83 Suite 107

84 City Tampa

FL

85 Zip Code
33602

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

Andrew J. Saunders - President

4/6/95

Signature (Typed name of registered agent and date of appointment)

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	SAUNDERS, ANDREW J.
STREET ADDRESS	3731 REDWOOD DR
CITY- ST- ZIP	LAND O'LAKES FL
TITLE	D
NAME	SAUNDERS, JANET L.
STREET ADDRESS	3731 REDWOOD DR
CITY- ST- ZIP	LAND O'LAKES FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 110.07(3)(b), 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, or on an attachment with an address.

SIGNATURE:

Andrew J. Saunders

President

4/6/95

(813) 272-1218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)