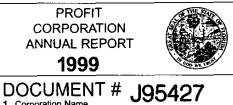
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90092 030 \*\*\*150.00

1. Corporation	Name						
SANDHIL	L PROPERTIES, INC.						
					i indikla okin irini birki nidin iidki idek olek		<b>4</b>
Principal Place of Business Mailing Address					1 1301((0 0(10 1610) 6))() D)() 6 1161 1001 8101	· DIERE GEBER BEBRE	#1#14 #1#11 1##1
C/O ALFRED M. JOHNS C/O ALFRED M. JOHNS							
ONE WOODLAND DRIVE ONE WOODLAND DRIVE					DO NOT WRITE IN THIS SPACE		
PUNTA GORDA FL 33982 PUNTA GORDA FL 33982				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
					09/28/1987		İ
Principal Place of Business     2a. Mailing Address			_		4. FEI Number	- ΙΔι	oplied For
¬ ′					65-0021439	<u> </u>	ot Applicable
Suite Ant	Suite, Apt. #, etc. Suite, Apt. #, etc.				_		Additional
22	¬				5. Certifcate of Status Desired	•	equired
		City & State	City & State		6. Election Campaign Financing	- \$5.00	May Be
<del></del>		28	28		Trust Fund Contribution Added to Fees		
Zip			Country	,	8. This corporation owes the current year		ma.
24	25 29 30		30		Personal Property Tax.	Yes	<u> □No</u>
	9. Name and Address of Currer	t Registered Agent		T	10. Name and Address of New Registere	d Agent	
1011	NO ALEBED M		81	Name			Į.
JOHNS, ALFRED M.			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
ONE WOODLAND DRIVE PUNTA GORDA FL 33982							
PUN	IA GUNDA FL 33902		83				
			84	City		85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				L	F	of changing its	- registered
office or r	egistered agent or both in the State	of Florida, Such change was a	utnorized by	the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	ointment as re	egistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statutes	3.			ļ
SIGNATURE	Signature, typed or printed name of registered age	et and title if applicable (NOTE	Registered Age	nt signature reg	uired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE			1.1 TITLE		•	☐ Change	☐ Addition
NAME	JOHNS, ALFRED M	1.2 NA					ļ
STREET ADDRESS	'		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL 141		1.4 CITY-5	ST-ZIP			
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME	JOHNS, MARY ANNE		2.2 NAME				
STREET ADDRESS	ONE WOODLAND DR. 233		2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE			3.1 TITLE		· -	· ☐ Change	☐ Addition
NAME	001110; 11211111		3.2 NAME				Į
STREET ADDRESS	ONE WOODE WID DIN		3.3 STREE	TADDRESS			
CITY-ST-ZIP	0.000		3,4. CITY-	ST-ZIP		Chance	☐ Addition
TITLE		☐ DELETE	4.1 TITLE	1		Change	☐ Addition
NAME			4. 2 NAME	Į.	•		{
STREET ADDRESS			•	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP	and the second s	Change	Addition
TITLE			5.1 TITLE 5.2 NAME				
NAME				T ADDRESS	•		
STREET ADDRESS			5.4 CITY-5				
CITY-ST-ZIP			6.1 TITLE	)1-ZIF		Change	Addition
TITLE		L. DELETE	6.2 NAME				_ "
NAME				T ADDRESS			
STREET ADORESS			U.U DTINCE				

CITY-ST-ZIP 14. I 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, with all other like empowered.

SIGNATURE: