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FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J96122 (3)

1. Corporation Name

SANDHILL COMMERCIAL CENTER, INC.

Principal Place of Business

1625 W MARION AVE  
PUNTA GORDA FL 33950  
US

Mailing Address

2865 EXECUTIVE DR  
CLEARWATER FL 34622  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1987

4. FEI Number

59-2861646

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

33762

30

9. Name and Address of Current Registered Agent

RICE, MARTIN E  
606 FIRST AVE N.  
STE 400  
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

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

333 Third Ave. N.

83

Ste 325

84

City St Petersburg

FL

85 Zip Code

33701

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VS ☐ DELETE

NAME MC QUEEN, PAULA F  
STREET ADDRESS 1625 W MARION AVE  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE PD ☐ DELETE

NAME MCQUEEN, ROBERT N.  
STREET ADDRESS 1625 W MARION AVE  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE TD ☐ DELETE

NAME RISSER, P. N.  
STREET ADDRESS 2865 EXECUTIVE DR  
CITY-ST-ZIP CLEARWATER FL 34622

TITLE S ☐ DELETE

NAME COPPERWHEAT, JACQUELYN M  
STREET ADDRESS 2865 EXECUTIVE DR  
CITY-ST-ZIP CLEARWATER FL

TITLE T ☐ DELETE

NAME PELLEGRINO, DAVID  
STREET ADDRESS 2865 EXECUTIVE DR  
CITY-ST-ZIP CLEARWATER FL 34622

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

33762

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

33762

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

33762

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

Jacquelyn Copperwheat

Jacquelyn Copperwheat

7/2/98

(813) 573-4000

CR2E034 (10/97)