FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K43514** **(4)**

1. Corporation Name

SAUSAMAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
502 NW 75TH ST. SUITE 76 GAINESVILLE FL 32607	502 NW 75TH ST. SUITE 76 GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/07/1988**

3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business
21 2607 Brooker Trace Ln
22 Suite, Apt. #, etc.
23 City & State: Valrico, Fl
24 Zip: 33594 25 Country: Hillsborough

2a. Mailing Address
26 2607 Brooker Trace Ln
27 Suite, Apt. #, etc.
28 City & State: Valrico Fl
29 Zip: 33594 30 Country: Hillsborough

4. FEI Number: **59-2915879** ☐ 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

9. Name and Address of Current Registered Agent

SAUSAMAN, GREGORY A.
8621 SW 23RD PL
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2607 Brooker Trace Ln.
83
84 City: Valrico **FL** 85 Zip Code: 33594

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☑ Change ☐ Addition DPT
NAME	SAUSAMAN, GREGORY A.	1.2 NAME	Sausaman, Gregory H.
STREET ADDRESS	8621 SW 23RD PL	1.3 STREET ADDRESS	2607 Brooker Trace Ln
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Valrico, Fl 33594
TITLE	S	2.1 TITLE	☑ Change ☐ Addition V P S D
NAME	SAUSAMAN, DONNA R.	2.2 NAME	Sausaman, Donna R
STREET ADDRESS	8621 SW 23RD PL	2.3 STREET ADDRESS	2607 Brooker Trace Ln
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Valrico, Fl 33594
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: Donna R Sausaman Donna Sausaman VDS 4/26/95 (813) 654-6521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033466 CP