

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # K51423 (7)
 1. Corporation Name
SANDSON, INC.



Principal Place of Business Mailing Address
2019 ATLANTIC AVENUE 2019 ATLANTIC AVENUE
FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt #, etc 26 Suite, Apt #, etc
 22 City & State 27 City & State
 23 Zip 28 Zip
 24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
12/14/1988 04/27/1995
 4. FEI Number Applied For
59-2928958 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. 199.03? Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
JACOBS, ARTHUR I., P.A. 81 Name
401 CENTRE ST 82 Street Address (P.O. Box Number is Not Acceptable)
FERNANDINA BCH. FL 32034 83
 84 City **FL** 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 type for person named as registered agent and if applicable

(NONE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SANDERS, BETH WILSON	12 NAME	
STREET ADDRESS	2019 ATLANTIC AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	14 CITY-ST-ZIP	
TITLE	D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SANDERS, ROBERT H.	22 NAME	
STREET ADDRESS	2019 ATLANTIC AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Beth Wilson Sanders* **Beth Wilson Sanders** 7-1-96 904-277-1215
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

CR2E034 (3/96)