

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90201 035 ***158.75

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DOCUMENT # K57211

1. Corporation Name

W.M. SANDERLIN & ASSOCIATES, INC.

Principal Place of Business

3210 DADE AVE
ORLANDO FL 32804
US

Mailing Address

3210 DADE AVE
ORLANDO FL 32804
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1989

4. FEI Number

59-2927109

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 the current year Intangible
Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDERLIN, W. M.
3210 DADE AVE
ORLANDO FL 32804

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SANDERLIN, W.M.
STREET ADDRESS 3215 GREENS AVENUE
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SANDERLIN, JACQUELINE
STREET ADDRESS 3215 GREENS AVE
CITY-ST-ZIP ORLANDO FL

1.2 NAME ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME PEPPER, MARILYN W
STREET ADDRESS 115 SPRING ISLE TR
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME SANDERLIN, JOANNE
STREET ADDRESS 3210 DADE AVE
CITY-ST-ZIP ORLANDO FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VAS ☐ DELETE

NAME SQUILLANTE, JUDY
STREET ADDRESS 3210 DADE AVE
CITY-ST-ZIP ORLANDO FL 32804

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

JOANNE SANDERLIN

4/7/99

Date

407-893-6400

Daytime Phone #

CR2E034 (11/98)