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 PM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L34136** **(6)**

1. Corporation Name
SAINTS, INC.

Principal Place of Business	Mailing Address
RT. 3. BOX 225-K CHIEFLND FL 32626	RT. 3. BOX 225-K CHIEFLND FL 32626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/04/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 Rt 1 Box 389
22 Suite, Apt. #, etc.
23 City & State: Trenton Florida
24 Zip: 32693
25 Country:

2a. Mailing Address
26 Rt 1 Box 389
27 Suite, Apt. #, etc.
28 City & State: Trenton Florida
29 Zip: 32693
30 Country:

4. FEI Number: **59-2994167** ☐ 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

ST. JOHN, RONALD, JR.
RT. 3, BOX 225-K
CHIEFLND FL 32626

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): Rt 1 Box 389
83
84 City: Trenton **FL** 85 Zip Code: 32693

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	PD	1.1 TITLE	Same	☒ Change ☐ Addition
NAME	ST. JOHN, RONALD, JR.	1.2 NAME	same	
STREET ADDRESS	RT. 3, BOX 225-K	1.3 STREET ADDRESS	Rt 1 Box 389	
CITY-ST-ZIP	CHIEFLND FL	1.4 CITY-ST-ZIP	Trenton, Florida 32693	
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	ST. JOHN, ALICE	2.2 NAME		
STREET ADDRESS	RT. 3, BOX 225-K	2.3 STREET ADDRESS		
CITY-ST-ZIP	CHIEFLND FL	2.4 CITY-ST-ZIP		
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: Ron St. John 4/20/95 904-463-6613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

041236 FP