FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

SAINTS, INC.

Principal Place of Business	Mailing Address
~~RT. 3, BOX 225-K~~ ~~CHIEFLND FL 32626~~ 4951 NW 170th ST Trenton, FL 32693	~~RT. 3, BOX 225-K~~ ~~CHIEFLND FL 32626~~ 4951 NW 170th ST Trenton, FL 32693

2. Principal Place of Business	2a. Mailing Address
21 4951 NW 170th ST	26 4951 NW 170th ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Trenton, FL 32693	City & State 28 Trenton, FL 32693
Zip 24 32693 / Country 25 USA	Zip 29 32693 / Country 30 USA

3. Date Incorporated or Qualified: **12/04/1989**

3a. Date of Last Report: **05/01/1995**

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~~ 4951 NW 170th ST
~~CHIEFLND FL 32626~~ Trenton, FL 32693

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ST. JOHN, RONALD, JR.		1.2 NAME		
STREET ADDRESS	~~RT. 3, BOX 225-K~~		1.3 STREET ADDRESS	4951 NW 170th ST	
CITY-ST-ZIP	~~CHIEFLND FL~~ -		1.4 CITY-ST-ZIP	Trenton, FL 32693	
TITLE	STD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ST. JOHN, ALICE		2.2 NAME		
STREET ADDRESS	~~RT. 3, BOX 225-K~~		2.3 STREET ADDRESS	6551 NW 153 LN	
CITY-ST-ZIP	~~CHIEFLND FL~~		2.4 CITY-ST-ZIP	Chiefland, FL 32626	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald St. John Jr. 3/28/96 352 463 6613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #