## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham . ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # CARL G. SANDER COMPANY Principal Place of Business Mailing Address **%ARNOLD H. SLOTT %ARNOLD H. SLOTT** 334 E. DUVAL STREET 334 E. DUVAL STREET JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 3. Date Incorporated or Qualified 3a. Date of Last Report 02/01/1990 03/29/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2988813 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Γ٦ 28 Trust Fund Contribution Added to Fees Country Zip Country 25 29 30 9. Name and Address of Current Registered Agent 81 Name SLOTT, ARNOLD H. 82 Street Address (P.O. Box Number is Not Acceptable) 334 E. DUVAL STREET JACKSONVILLE FL 32202 83 84 City 85 Zip Code 11. Fursuant 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, typical or prints a minima of regulatives diagrant sulpatific, if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1 1 TITLE ☐ Change ☐ Addition SANDER, CARL G. 1.2 NAME P O BOX 2553 N/A STREET ADDRESS 13 STREET ADDRESS PONTE VEDRA BCH FL 007-51-76 14 CITY-ST-ZIP DELETE 2 1 THLE Change ☐ Addition 2.2 NAME STHEEL ADDRESS 2.3 STREET ADDRESS CHY-St ZIE 24 CITY - ST - ZIP THI. E DELETE 3 1 TITLE Change ■ Addition 3.2 NAME STREET ARRESTS 3.3 STREET ADDRESS CHY ST ZIP 3 4 CITY - ST - ZIP DELETE 4 1 TIFLE Addition Change 4.2 NAME STREET ADDRESS 43 STREET ADDRESS 44 CHTY - ST-ZIP DELETE 5.1 DBE Change ☐ Addition 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CHY ST ZIE 5 4 CITY - ST - ZIP DELETE 6 1 TITLE Change Addition 6.2 NAME STREET ACTURESS 6.3 STREET ADORESS 0.1Y S7-7# 64 CITY-ST-ZIP 14. Loc hereby certify that the information supplied with this filling 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 cath, 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 chapted, or on an all adminishment with an address.

SIGNATURE:

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