

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L48866 (2)
 1. Corporation Name
SABAL TRAIL ASSOCIATES INCORPORATED

Principal Place of Business 675 RIVER PARK CIRCLE LONGWOOD FL 32779 US	Mailing Address 675 RIVER PARK CIRCLE LONGWOOD FL 32779-3707 US
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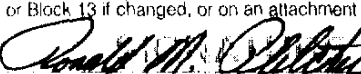
2. Principal Place of Business 21 906 BON AIR DRIVE Suite, Apt. #, etc. 22 City & State 23 AUGUSTA FL GA Zip Country 24 30907 25 USA		2a. Mailing Address 26 906 BON AIR DRIVE Suite, Apt. #, etc. 27 City & State 28 AUGUSTA FL GA Zip Country 29 30907 30 USA		3. Date Incorporated or Qualified 02/05/1990	3a. Date of Last Report 03/19/1996
4. FEI Number 59-2995319		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 PLETCHER, RONALD M. 675 RIVER PARK CIRCLE LONGWOOD FL 32779			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PLETCHER, RONALD M	1.2 NAME	
STREET ADDRESS	675 RIVER PARK CIRCLE	1.3 STREET ADDRESS	906 BON AIR DRIVE
CITY - ST - ZIP	LONGWOOD FL	1.4 CITY - ST - ZIP	AUGUSTA GA 30907
TITLE	DS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PLETCHER, SUZETTE M	2.2 NAME	
STREET ADDRESS	675 RIVER PARK CIRCLE	2.3 STREET ADDRESS	906 BON AIR DRIVE
CITY - ST - ZIP	LONGWOOD FL	2.4 CITY - ST - ZIP	AUGUSTA, GA 30907
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	

14. I do 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.

SIGNATURE:  **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **4/4/97** Daytime Phone # **706 854 1195**
707 682 7954

CR2E034 (9/96)