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

DOCUMENT # L95651 (0)

1. Corporation Name
SANDMAN ASSOCIATES, INC.

FILED
95 JAN 27 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
632 E HWY 50 SOUTH LAKE SHOPPING CENTER CLERMONT FL 34711	632 E HWY 50 SOUTH LAKE SHOPPING CENTER CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/23/1990
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business	2a. Mailing Address
21 682-11 E. HWY 50	26 682-11 E. HWY 50
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SAME	28 City & State: SAME
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-3025567 ☐ 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

SOBIERAJSKI, RONALD J.
632 E HWY 50
SOUTH LAKE SHOPPING CENTER
CLERMONT FL 34711

10. Name and Address of New Registered Agent

01 Name: SAME
02 Street Address (P.O. Box Number is Not Acceptable): 682-11 E. HWY 50
03: SAME
04 City: SAME FL 05 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	SAME ☒ Change ☐ Addition
NAME	SOBIERAJSKI, SANDRA LEE	1.2 NAME	SAME
STREET ADDRESS	12525 HARNEY DR	1.3 STREET ADDRESS	11331 RIVERBANK BLVD
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	VSD	2.1 TITLE	SAME ☒ Change ☐ Addition
NAME	SOBIERAJSKI, RONALD J	2.2 NAME	SAME
STREET ADDRESS	12525 HARNEY DR	2.3 STREET ADDRESS	11331 RIVERBANK BLVD
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32817
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: Sandra L. Sobierajski SANDRA L. SOBIERAJSKI 1/17/95 (904)394-5550
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN Date Daytime Phone #
Ronald J. Sobierajski RONALD J. SOBIERAJSKI 1/17/95

6374836 CP