

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 5:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01290 (9)

1. Corporation Name

SABAL PALM MANAGEMENT & INVESTMENT CORPORATION

Principal Place of Business

**81920 OVERSEAS HWY
P O BOX 603
ISLAMORADA FL 33036
US**

Mailing Address

**P.O. BOX 603, N/A
P O BOX 603
ISLAMORADA FL 33036
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1984

3a. Date of Last Report

04/15/1994

4. FEI Number

59-2423256

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. 193.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt., etc.

Suite, Apt., etc.

22
City & State

27
City & State

23
Zip

Country

24
Zip

Country

9. Name and Address of Current Registered Agent

**MORET, SANFORD W.
232 COSTA BRAVO DR.
ISLAMORADA FL 33036**

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
DP	MORET, SANFORD W.	232 COSTA BRAVO DR.	ISLAMORADA FL
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
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TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY ST ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY ST ZIP	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY ST ZIP	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY ST ZIP	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY ST ZIP	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 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 140.07(3)(b), 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:

Sanford W. Moret **SANFORD W. MORET**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 **4/12/95** **305-664-5723**

DATE (Type/print Name)