FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:54

DOCUMENT # N48602 (9)

1. Corporation Name
SOUTH SANFORD GROUP, INC.

Principal Place of Business	Mailing Address
2950 S ORLANDO DR SANFORD FL 32773 US	2950 S ORLANDO DR SANFORD FL 32773 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1992
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-3125701 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 2954 S. Orlando Dr	26 2954 S. Orlando DR
Suite, Apt. #, etc. 22 San Ford, Fl	Suite, Apt. #, etc. 27 Sanford, Fl.
City & State 23 32773	City & State 28 32773
Zip 24 / Country 25 US	Zip 29 / Country 30 US

9. Name and Address of Current Registered Agent

CLARK, GARY W.
2950 S ORLANDO DR
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name: Gary W. Clark
82 Street Address (P.O. Box Number is Not Acceptable): 2954 S. Orlando DR
83 Sanford
84 City: FL 85 Zip Code: 32773

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: Gary W. Clark — 1-24-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, A.M.	1.2 NAME	
STREET ADDRESS	2605 SANFORD AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GARBADE, GRACE	2.2 NAME	
STREET ADDRESS	2616 EL PORTAL	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, GARY	3.2 NAME	
STREET ADDRESS	483 DETROIT TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary W. Clark — Gary W. Clark — 1-24-95 — (904) 775-4354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032984