

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48602** (9)

1. Corporation Name

**SOUTH SANFORD GROUP, INC.**



Principal Place of Business <b>111 W. 27TH ST. SANFORD FL 32773 US</b>	Mailing Address <b>111 W. 27TH ST. SANFORD FL 32773 US</b>
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3. Date Incorporated or Qualified <b>04/28/1992</b>	
4. FEI Number <b>59-3125701</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>CLARK, GARY W 111 W. 27TH STREET SANFORD FL 32773</b>
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10. Name and Address of New Registered Agent <b>81 Name DON WHITTEN</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83 111 W. 27TH STREET</b> <b>84 City SANFORD FL 85 Zip Code 32773</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Don Whitten **DON WHITTEN** **TREASURER** **1-8-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>CAMPBELL, A.M.</b>	
STREET ADDRESS <b>2605 SANFORD AVE</b>	
CITY-ST-ZIP <b>SANFORD FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>GARBADE, GRACE</b>	
STREET ADDRESS <b>2616 EL PORTAL</b>	
CITY-ST-ZIP <b>SANFORD FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>CLARK, GARY</b>	
STREET ADDRESS <b>483 DETROIT TERR</b>	
CITY-ST-ZIP <b>DEBARY FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>DON WHITTEN</b>	
STREET ADDRESS <b>129 MAYFAIR CIRCLE</b>	
CITY-ST-ZIP <b>SANFORD, FL 32771</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>DON WHITTEN</b>	
1.3 STREET ADDRESS <b>129 MAYFAIR CIRCLE</b>	
1.4 CITY-ST-ZIP <b>SANFORD, FL 32771</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Don Whitten **DON WHITTEN** **1-8-98** **324-8178**

CR2E037 (10/97)