

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 03, 2009  
Secretary of State

DOCUMENT# P05000081141

Entity Name: R.H. SAPP, INC.

**Current Principal Place of Business:**

12078 NORTH CONFEDERATE DRIVE  
GLEN ST. MARY, FL 32040 US

**New Principal Place of Business:**

12078 NORTH CONFEDERATE DRIVE  
GLEN SAINT MARY, FL 32040 US

**Current Mailing Address:**

P.O. BOX 1000  
GLEN ST. MARY, FL 32040 US

**New Mailing Address:**

P.O. BOX 1000  
GLEN SAINT MARY, FL 32040 US

FEI Number: 20-2947157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONNER, STEVEN W  
1106 PARK AVENUE  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: SAPP, RONALD H  
Address: P.O. BOX 1000  
City-St-Zip: GLEN ST. MARY, FL 32040 US

Title: VP ( ) Delete  
Name: SAPP, MARY E  
Address: P.O. BOX 1000  
City-St-Zip: GLEN SAINT MARY, FL 32040 US

Title: SEC ( ) Delete  
Name: SAPP, BRETT H  
Address: P.O. BOX 1000  
City-St-Zip: GLEN SAINT MARY, FL 32040 US

Title: TREA ( ) Delete  
Name: SAPP, BRETT H  
Address: P.O. BOX 1000  
City-St-Zip: GLEN SAINT MARY, FL 32040 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY E SAPP

VP

03/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date