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FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000005902 (1)

1. Corporation Name
J. F. SANDERS BUILDERS, INC.



Principal Place of Business 595 N FERDON BLVD CRESTVIEW FL 32536	Mailing Address 595 N FERDON BLVD CRESTVIEW FL 32536
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1992

2. Principal Place of Business 21 202 ADAMS DR.	2a. Mailing Address 26 202 ADAMS DR.
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22	City & State 23 CRESTVIEW, FL.	27	City & State 28 CRESTVIEW, FL.
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Zip

Country

Zip

Country

24 32536	25 OKALOOSA	29 32536	30 OKALOOSA
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANDERS, JAMES F
595 N FERDON BLVD
CRESTVIEW FL 32536**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SANDERS, JAMES F	
STREET ADDRESS	595 N FERDON BLVD	
CITY - ST - ZIP	CRESTVIEW FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	SANDERS, LINDA F	
STREET ADDRESS	202 ADAMS DR	
CITY - ST - ZIP	CRESTVIEW FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James F. Sanders* SIGNATURE REQUIRED

1-8-98

(850) 682-4000

CR2E034 (10/97)