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

Mailing Address

CORPORATION ANNUAL REPORT



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

1996

DOCUMENT  1. Corporation Name	# P920	JUUU13223
Sandlake	Farms,	Inc.

Principa! Place				
3391	Sand	lake	Road	l
T 0 10 000	-a-a	TO 3 A 2	444	327

	· •									
							3. Date Incorporated or Qualified 12/21/92	3a. Date 3/2		
2. Principal Plac	e of Business	2a.	Mailing Address				4. FEI Number			Applied For
1		26	J				59-3155785			Not Applicable
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		• •	75 Additional ee Required
City & State			City & State				Election Campaign Financing     Trust Fund Contribution		• -	.00 May Be ided to Fees
Zip	Country		Zip	Cou	ntry		8. This corporation has liability for i	ntangible ta	k unde	s 199.032,
4	25	29		30			Florida Statutes X Yes	☐ No		
	g. Name and Address of Curi	rent Registe	red Agent				10. Name and Address of New R	egistered /	gent	
<del>,                                    </del>					81	Name				
	rd L. Franklin Sandlake Road	, Sr.			82	Street Addre	iss (P.O. Box Number is Not Acceptab	le)		
	ood, F1. 32779				83					
•					84	City		FL	85	Zip Code
11 Pursuant to	the provisions of Sections 607.05	502 and 607	.1508. Florida Statut	es, the abo	ve-n	amed corpora	ition submits this statement for the pur	pose of cha	nging	rs registered offic

Fursiant to the provisions of sections our load and our mode statutes, the above harmed corporation sournies has statement of the purpose of changing its registered only or registered agent, or both, in the State of Florida. Such changes 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.

IGITINIG: WIL	in and accept the obligations of occion both code, name and		
SIGNATURE _	Signature, typed or printed name of registered agent and title if applicable (NG	OTE: Registered Agent signature required	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P,T,S DELETE	1. 1 TOTLE	☐ Change ☐ Additio
NAME	Richard L. Franklin, Sr.	1.2 NAME	
STREET ADDRESS	3391 Sandlake Road	1.3 STREET ADDRESS	
CiTY-ST-ZIP	Longwood, Fl. 32779	1.4 CITY - ST - ZIP	·
1)TLE	☐ DELITE	2 1 TITLE	Change Additio
NAME		2.2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETE	3. 1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY - ST - ZIP	
THE	DELETE	4. 1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREFT ADDRESS	100001806251 -05/03/9601020006
CHTY - ST - ZIP		4.4 GITY-ST-ZIP	
TILE	☐ DELETE	5. 1 TITLE	***200.00
NAME		5.2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	<i></i>
CITY-S1-7IP		5.4 CHTY - ST - ZIP	$\triangle$
THILE	DELETE	6. 1 TITLE	Change Addain
NAME		6.2 NAME	
STREET ADDRESS		63 STREET ADDRESS	

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)(k), 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 Elifat 13 if changed, or on an attachment with an address.