FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300007360 (9)

S.A.N.G., INC.

Principal Place of Business Mailing Address 1844-46 S. OCEAN SHORE BLVD. 1844 S. OCEAN SHORE BLVD. FLGLER BCH. FL 32136-3802 FLGLER BCH. FL 32136 3. Date Incorporated or Qualified 3a. Date of Last Report 01/29/1993 06/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3162043 Not Applicable 21 26 Suite, Apt. #. etc. Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be r-23 Trust Fund Contribution Added to Fees 28 Zφ Country $Z\omega$ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 30 Florida Statutes ☐ No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name **GUNN, GEORGE** 51 FARRADAY LANE 82 Street Address (P.O. Box Number is Not Acceptable) PALM COAST FL 32137 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or project havie of regeneral agent and libroit applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE Change HILE 1.1 TITLE GUNN, GEORGE 1.2 NAME NAME 51 FARRADAY LANE 1.3 STREET ADDRESS STREET ADORESS PALM COAST FL 32137 1.4 CITY - ST - ZIP CITY-ST 2H DELETE Change Addition 21 TITLE TITLE NAME 2.2 NAME STREE" ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CH14-S1-ZIF DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 12-41 0 3.4. CHY-ST-ZIP DELETE Change Addition THILE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 4.4 CITY - ST- ZIP DELETE Change ___ Addition 5.1 TITLE THILE 5.2 NAME MAYS 5.3 STREET ADDRESS STREET ADOLESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE 61TITLE Change Addition TILLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY - ST - ZIP CITY - ST - ZVP

14. I do 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

SIGNATURE:

appears in Brook 12 or Block

Daylime Phone #

FILED

Jan 28 1997 8:00am

Secretary of State

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