

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000059304 (4)

1. Corporation Name

A & N SALES, INC.



Principal Place of Business

4707 NORTH LOIS AVENUE
TAMPA FL 33614

Mailing Address

4707 NORTH LOIS AVENUE
TAMPA FL 33614

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/19/1993

3a. Date of Last Report

04/18/1995

4. FEI Number

59-3199934

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTY, ARTHUR R III
4707 NORTH LOIS AVENUE
TAMPA FL 33614

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 Same as listed above

Arthur R. Christy III

4/10/96

(Signature typed or printed name of registered agent and FEI # if applicable)

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE

NAME CHRISTY, NANCY R
STREET ADDRESS 7001 PAT BLVD.
CITY- ST- ZIP TAMPA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE P ☐ DELETE

NAME CHRISTY, ARTHUR R III
STREET ADDRESS 7001 PAT BLVD
CITY- ST- ZIP TAMPA FL

1.2 NAME ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME FISHER, DIANE
STREET ADDRESS 6230 FITZGERALD ROAD
CITY- ST- ZIP ODESSA FL 33556

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 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 registered agent authorized 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur R. Christy

4/10/96

Date

Daytime Phone #

CR2E034 (12/95)