

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90111 011 ***150.00

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DOCUMENT # P93000068618

1. Corporation Name
SANDY GEDDES CO., INC.

Principal Place of Business
5424 N.W. 46TH TERRACE
GAINESVILLE FF 32653
US

Mailing Address
5424 N.W. 46TH TERRACE
GAINESVILLE FF 32653
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1993

4. FEI Number
48-1007039

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 144 Fig Tree Run

Suite, Apt. #, etc.

22 City & State
23 Longwood, Florida

24 Zip 32750 25 Country U.S.

2a. Mailing Address

26 144 Fig Tree Run

Suite, Apt. #, etc.

27 City & State
28 Longwood, Florida

29 Zip 32750 30 Country U.S.

9. Name and Address of Current Registered Agent

GEDDES, ALEXANDER J
5424 N.W. 46TH TERRACE
GAINESVILLE FL 32653

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 144 Fig Tree Run

84 City

Longwood

FL

85 Zip Code
32750

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 Sharon A. Geddes

Signature, typed or printed name of registered agent and title if applicable

SIGNATURE Sharon A. Geddes

(NOTE: Registered Agent signature required when reinstating)

DATE 4/26/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GEDDES, ALEXANDER J.
STREET ADDRESS 5424 N.W. 46TH TERR
CITY-ST-ZIP GAINESVILLE FL

TITLE VPST ☐ DELETE

NAME GEDDES, SHARON A
STREET ADDRESS 5424 NW 46TH TERR.
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 144 Fig Tree Run
1.4 CITY-ST-ZIP Longwood, FL 32750

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 144 Fig Tree Run
2.4 CITY-ST-ZIP Longwood, FL 32750

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, with all other like empowered.

SIGNATURE: Sharon A. Geddes 4/26/99 407-831-2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)