

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000068831 (5)

1. Corporation Name

FIRST SANFORD CORPORATION



Principal Place of Business

1202 NW 9TH AVE  
GAINESVILLE FL 32601

Mailing Address

1202 NW 9TH AVE  
GAINESVILLE FL 32601

2. Principal Place of Business

21 502 NW 16th AVE  
Suite, Apt. #, etc.

22 City & State

23 Gainesville FL

24 Zip

25 32601

Country

26 USA

2a. Mailing Address

26 502 NW 16th Avenue  
Suite, Apt. #, etc.

27 City & State

28 Gainesville, FL

29 Zip

30 32601

Country

31 USA

3. Date Incorporated or Qualified

09/27/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3202305

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WARREN, MICHAEL E  
1202 NW 9TH AVE  
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

Michael E. Warren

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

502 NW 16th Avenue

84 City

Gainesville

FL

85 Zip Code

32601

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 (if not applicable)

(NOTE: Registered Agent's signature required when registering)

DATE

Michael E. Warren

4/24/96

12. OFFICERS AND DIRECTORS

TITLE PD [ ] DELETE

NAME WARREN, MICHAEL E  
STREET ADDRESS 1202 NW 9TH AVE  
CITY-ST-ZIP GAINESVILLE FL

TITLE VD [ ] DELETE

NAME THOMPSON, C. FREDERICK  
STREET ADDRESS 104 N. MAIN ST  
CITY-ST-ZIP GAINESVILLE FL

TITLE SD [ ] DELETE

NAME O'CONNOR, E. KEVIN  
STREET ADDRESS 2423 BROOKSHIRE AVE  
CITY-ST-ZIP WINTER PARK 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Michael E. Warren  
1.3 STREET ADDRESS 502 NW 16th Avenue  
1.4 CITY-ST-ZIP Gainesville, FL 32601

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 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/24/96

352-377-4600

Date

Deputy Phone #

CR2E034 (12/95)