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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

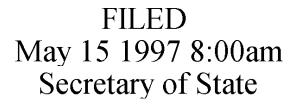
## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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|------|-----|---|---|--|
| <br> | *** | • |   |  |

## DOCUMENT # P93000068831 (5)

## FIRST SANFORD CORPORATION





| rincipa! Pla   | ace of Business  | Mailing Address  |  |  | [\$ELIKOJI 710 FRIKO 9111 OJIN ODAN FEMIN   | ABINA BINAN KANAN   | ERLÜR IKENI TIRI ENDI  |
|--|--|--|--|--|---|---------------------|--|
| 02 NW 16TI<br>SAINESVILLE  |  | 502 NW 16TH AVENUE<br>GAINESVILLE FL 32801                 |  |  |   |                     |  |
| JS   |  | US   |  |  | 3. Date Incorporated or Qualified 09/27/1993  | 3a. Date of 05/01/1 |  |
| l. Principal   | Place of Business  | 2a. Mailing Address  |  |  | 4. FEI Number   |                     | Applied For  |
|  |  | 26   |  |  | 59-3202305  |                     | Not Applicab   |
| Suite, Ap  | ot. #, etc.  | Suite, Apt. #, etc.  |  |  | 5. Certificate of Status Desired  | 1 7                 | 3.75 Additional<br>Fee Required                                    |
| City & St  | ate  | City & State   |  |  | Election Campaign Financing     Trust Fund Contribution   |                     | <b>5.00</b> May Be<br>Added to Fees                                |
|  | Country  | Zφ   | Coun   | try  | 8. This corporation has liability for in  |                     |  |
|  | 25   | 29   | 30   |  |   | Yes No              |  |
|  | 9. Name and Address of Curre   | nt Registered Agent  |  | ial se   | 10. Name and Address of New Reg   | istered Agen        | t  |
| W.   | ARREN, MICHAEL E   |  | l  | Mame Name  |   |                     |  |
| 50   | )2 NW 16TH AVENUE<br>AINESVILLE FL 32601   |  | 8  | Street Add   | dress (P.O. Box Number is Not Acceptable  | ө)                  |  |
| •  | WITCHILL I'E GEGG!   |  | 8  | 13   |   |                     |  |
|  |  |  | 8  | 4 City   |   | 65                  | Zip Code   |
|  |  |  |  | 1 '  | poration submits this statement for the particular poration's board of directors. I hereby accept | FL                  | <u>'</u>   |
|  |  |  |  |  |   |                     |  |
|  | Signature, typed or pointed name of registered a   | gan; and tile if applicable (                              | NOTE Registered  |  | uired whon reinstating)   | DATE                | FCTORS IN 12   |
| 2.   | Signature, typed or printed name of registered a<br>OF FICERS AN   | gencand tile if applicable (                               | NOTE Registered A  | Agent signature requ   |   | DATE<br>ERS AND DIR |  |
| <b>?.</b><br>(f  | Signature, tyled or punited name of registered a OFFICERS AN   | gan; and tile if applicable (                              | NOTE Registered A  | Agent signature requi  | uired whon reinstating)   | DATE<br>ERS AND DIR |  |
| L.<br>LE   | Signature, by red or printed name of registered a OFFICERS AN PD WARREN, MICHEAL E   | gencand tile if applicable (                               | 13.<br>1.1 TITL<br>1.2 NAM   | Agent signature réqu<br>E  | uired whon reinstating)   | DATE<br>ERS AND DIR |  |
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| E.<br>UF<br>ME<br>HELT ADORES:<br>LY-ST-ZIF  | Signature, by red or printed name of registered a OFFICERS AN PD WARREN, MICHEAL E   | gencand tile if applicable (                               | NOTE flogistered /<br>13.<br>1.1 TITL<br>1.2 NAM<br>1.3 STRI   | Agent signature requires to the signature requires to the signature requirement of the signature requir | uired whon reinstating)   | DATE<br>ERS AND DIR | Change [_] Addilio   |
| Z.<br>LLF<br>ME<br>HELT ADORES:<br>LY-ST-ZIF   | OFFICERS AN OFFICE | gent and title if applicable ( ND DIRECTORS  DELETE        | 13. 1.1 TITL 1.2 NAW 1.3 STRI 1.4 CITY   | Agent signature required to the signature required to the signature requirement of the signature requir | uired whon reinstating)   | DATE<br>ERS AND DIR | Change [_] Addilio   |
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b. I do hereby certify that the information supplied with this higher does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes, Further certify that the information indicated on this annual report of supplemental annual report is strue) and accurate and that my signature shall have the same legal effect as if made under oath, the Lam an officer or director of the corporation or the food velocity frustree 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 product with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

352-375-4600

Daylime Phone #