

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P93000082153** ✓
Corporation Name

THE OLD SANFORD FIREHOUSE CORPORATION

Principal Place of Business

3 PALMETTO AVE.
SANFORD FL 32771

Mailing Address

P.O. BOX 2944
SANFORD FL 32772
US

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90013 039 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
26		27		12/01/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		28		59-3229164	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25		29	30		

9. Name and Address of Current Registered Agent

FARRELL, BARBARA E
109 PALMETTO AVE.
SANFORD FL 32771

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

I, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	2. TITLE	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3. STREET ADDRESS	4. CITY-ST-ZIP	1.2 NAME	
5. DELETED		1.3 STREET ADDRESS	
6. DELETED		1.4 CITY-ST-ZIP	
7. DELETED		2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
8. DELETED		2.2 NAME	
9. DELETED		2.3 STREET ADDRESS	
10. DELETED		2.4 CITY-ST-ZIP	
11. DELETED		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. DELETED		3.2 NAME	
13. DELETED		3.3 STREET ADDRESS	
14. DELETED		3.4 CITY-ST-ZIP	
15. DELETED		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
16. DELETED		4.2 NAME	
17. DELETED		4.3 STREET ADDRESS	
18. DELETED		4.4 CITY-ST-ZIP	
19. DELETED		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
20. DELETED		5.2 NAME	
21. DELETED		5.3 STREET ADDRESS	
22. DELETED		5.4 CITY-ST-ZIP	
23. DELETED		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
24. DELETED		6.2 NAME	
25. DELETED		6.3 STREET ADDRESS	
26. DELETED		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

