

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 # P94000006405 (2)

1. Corporation Name

SACQUARA SERVICES, INC.



Principal Place of Business

2901 ELBERT WAY
~~SUITE 110~~
KISSIMMEE FL 34758
US

Mailing Address

2901 ELBERT WAY
~~SUITE 110~~
KISSIMMEE FL 34758
US

3. Date Incorporated or Qualified

01/18/1994

3a. Date of Last Report

01/26/1995

2. Principal Place of Business

2a. Mailing Address

21 2901 ELBERT WAY

26 2901 ELBERT WAY

4. FEI Number

59-3218704

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 KISSIMMEE FL

28 KISSIMMEE FL

24 Zip

Country

29 Zip

Country

34758

USA

34758

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEDLEY, MARK
2901 ELBERT WAY
~~SUITE 110~~
KISSIMMEE FL 34758

* address
correction
only *

81 Name

MARK PEDLEY

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

2901 ELBERT WAY

83

84 City

KISSINMEE

FL

85 Zip Code

34758

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
PEDLEY, MARK
STREET ADDRESS
2901 ELBERT WAY
CITY-ST-ZIP
KISSIMMEE FL

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME
JACQUELINE PEDLEY
STREET ADDRESS
2901 ELBERT WAY
CITY-ST-ZIP
KISSIMMEE FL 34758

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Pedley M. PEDLEY 01-30-96 407-932-3812

CR2E034 (12/95)