

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:14

DOCUMENT # P94000011476 (6)

1. Corporation Name

MERRELL F. SANDS, III, LTD., P.A.

Principal Place of Business

417 EATON STREET
KEY WEST FL 33040

Mailing Address

417 EATON STREET
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1994

3a. Date of Last Report

4. FEI Number

65-0465758

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

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt # etc

State Apt # etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDS, MERRELL F
417 EATON STREET
KEY WEST FL 33040

81 Name

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

83

84 City

FL

85

Zip Code

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 name of registered agent and the corporation)

(Typed Name of Registered Agent Signature Required when Resigning)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

SANDS, MERRELL F III

STREET ADDRESS

417 EATON STREET

CITY ST ZIP

KEY WEST FL 33040

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I declare and certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 149.076(9)(b), Florida Statutes. Further, I certify that the information indicated on this annual report or supplementary statement of change is true and accurate and that my signature shall have the same legal effect as it would under oath. That I am an officer or director of the corporation or the registered business responsible for providing this report as required by Chapter 607, Florida Statutes, and that my name appears in block 1, or block 1a, of this report, or on an attachment to this report.

SIGNATURE:

(Signature) AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/95

305-294-5588