

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Munson
Secretary of State
Tallahassee, Florida 32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:21

DOCUMENT # P94000011574 (8)

1. Corporation Name

AL SAWCHUK, INC.

2. Principal Office Address
13091 SADDLE WAY
BROOKSVILLE FL 34614

3. Mailing Address
13091 SADDLE WAY
BROOKSVILLE FL 34614

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or qualified 38. Date of last report

02/04/1994

4. FE Number 59-3229692

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 charitable tax under § 109.032 Florida Statutes ☒ Yes ☐ No

2. Principal Office Address 2b. Mailing Address

21. State, Zip & City 26. State, Zip & City

22. State, Zip & City 27. State, Zip & City

23. State, Zip & City 28. State, Zip & City

24. State, Zip & City 29. State, Zip & City

25. State, Zip & City 30. State, Zip & City

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAWCHUK, ALEXANDER
13091 SADDLE WAY
BROOKSVILLE FL 34614

81. Name

82. Street Address, P.O. Box Number or Not Acceptation

83. City

84. State

FL 85. Zip Code

11. I, the undersigned, the person named in the form of incorporation and the Florida Statutes, the above named corporation, hereby certify that the purpose of changing its registered office is to change its principal office in the State of Florida. Such change was authorized by the corporation's board of directors, officers or a majority of the shareholders, and the appointment of the registered agent is in accordance with the provisions of the Florida Statutes.

STATE OF FLORIDA

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME: D SAWCHUK, ALEXANDER
STREET ADDRESS: 13091 SADDLE WAY
CITY: BROOKSVILLE FL 34614

1. NAME: 1. STREET ADDRESS: 1. CITY: 1. STATE: 1. ZIP CODE: ☐ Change ☐ Addition
2. NAME: 2. STREET ADDRESS: 2. CITY: 2. STATE: 2. ZIP CODE: ☐ Change ☐ Addition
3. NAME: 3. STREET ADDRESS: 3. CITY: 3. STATE: 3. ZIP CODE: ☐ Change ☐ Addition
4. NAME: 4. STREET ADDRESS: 4. CITY: 4. STATE: 4. ZIP CODE: ☐ Change ☐ Addition
5. NAME: 5. STREET ADDRESS: 5. CITY: 5. STATE: 5. ZIP CODE: ☐ Change ☐ Addition
6. NAME: 6. STREET ADDRESS: 6. CITY: 6. STATE: 6. ZIP CODE: ☐ Change ☐ Addition

REMITTED BY MAY 1

SIGNATURE: *Alexander Sawchuk* ALEXANDER SAWCHUK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 APR 1 95 904 254 9614