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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P94000014081 (1)

 Corporation Name SBD & ASSOCIATES, INC.

Principa! Place of Business Mailing Address

1644 HAWTHORNE STREET SARASOTA FL 34239

1644 HAWTHORNE STREET SARASOTA FL 34239



						3. Date Incorporated or Qualified 02/17/1994	3a. Date of La 05/11			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	1 00,		plied For	
2. Principal Place of Business						65-0472115			t Applicable	
21		26	· ·			00 0412110				
Suite. Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required					
City & State	City & State City & State					6. Election Campaign Financing	1 1		May Be	
28						Trust rund Contribution — Adject to Fees				
Zip	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes				
24					10. Name and Address of New Registered Agent					
	g. Hamo and Addioso of Carro			B1 Na	me					
	, SHEILA B			.		ss (P.O. Box Number is Not Acceptab	le)			
1644 HAWTHORNE STREET SARASOTA FL 34239				83						
OMPAGO	IN I L 34238									
				84 Cit	-		FL 65	'		
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 agon	it and fitte if applicable	(NOTE: Rogistered	Agent signa	alure required y	when reinstating	DA1E		17	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	ECTORS	S IN 12	
TITLE	D	☐ DELETE	111	ITLE			Ch	ançe	Addition 2	
NAME	DUNKLE, SHEILA B	_	12 N	AME					3	
1	1644 HAWTHORNE STREET				LDOBE SS			[
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NAME			62 N	AME					İ	
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				11Y-ST-71F						
City-ST-ZIP	cartify that the information supplied	with this filing is voluntarily				r the exemption stated in Section 119	.07(3)(k), Florida	Statutes	s. I further	

r do hereby certify that the information supplies with this lining is voluntarily turnished and coes not quality for the exemption stated in Section 119.07 (5)(k), Florida Statutes. 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 cath; 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:

Sheila B. Dunkle 4/23/96