

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 8:23

DOCUMENT # P94000018621 (0)

1. Corporation Name

SABAL PALM FLOORS, INC.

Principal Place of Business

2327 S. FEDERAL HIGHWAY
FORT PIERCE FL 34982

Mailing Address

2327 S. FEDERAL HIGHWAY
FORT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

25

4. FEI Number

65-0472913

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

7. This corporation has liability for interstate tax under s. 199.032

Florida Statutes

☐

Yes

☐

No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SACCONE, ANTHONY

1476 SE VILLAGE GREEN DRIVE

PORT ST. LUCIE FL 34952

81 Name

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

2327 S Federal Highway

83

84 City

PORT PIERCE

FL

85 Zip Code

34982

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

Anthony Saccone

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

Anthony Saccone

Signature, typed or printed name of signing officer or director

6-7-95

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D/V
GOLDSTEIN, BOBBY
1301 N. FFA ROAD
FORT PIERCE FL 34945

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D/S/T
SACCONE, PAMELA
801 S. OCEAN DRIVE
FORT PIERCE FL 34949

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D/P
SACCONE, ANTHONY
801 S. OCEAN DRIVE
FORT PIERCE FL 34949

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(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:

PAMELA SACCONE - Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-95

DATE

407 461-8453

CHARACTER NUMBER