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)

Pay by 8/9/95

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 AUG -4 AM 10: 14

DOCUMENT # **P94000019581 (5)**

1. Corporation Name

SAND DOLLAR SHORES, INC.

Principal Place of Business	Mailing Address
ROUTE 2 KEATON BEACH PERRY FL 32347	ROUTE 2 KEATON BEACH PERRY FL 32347

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 59-3228404 ☐ 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

9. Name and Address of Current Registered Agent

BONDARENKO, JAMES R
ROUTE 2 KEATON BEACH
PERRY FL 32347

10. Name and Address of New Registered Agent

81 Name: Teena Willard
82 Street Address (P.O. Box Number is Not Acceptable): 5100 Howell Branch Rd
83
84 City: Winter Park FL 85 Zip Code: 32792

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: Teena Willard
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BONDARENKO, JAMES R ROUTE 2 KEATON BEACH PERRY FL 32347	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President Billy Ferguson Route 2 Keaton Beach Perry FL 32347	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SID BONDARENKO, SUSAN ROUTE 2 KEATON BEACH PERRY FL 32347	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Vice President TEENA WILLARD P.O. Box 184 Goldenrod, FLA 32733	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Jan Ferguson Secretary Route 2 Keaton Beach Perry FL 32347	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Treasurer David W. Willard Jr M.D. P.O. Box 184 Goldenrod, FLA 32733	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

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)(i), 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: X Teena Willard 7/27/95 407 671-5822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0126013 FP