

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90118 015 ***150.00

DOCUMENT # P94000034934

1. Corporation Name
SANFORD HOUSE, INC.



Principal Place of Business
2421 E. JEFFERSON STREET
ORLANDO FL 32803

Mailing Address
2421 E. JEFFERSON STREET
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 100 N. MAPLE AVE

Suite, Apt. #, etc.

22

City & State

23 SANFORD FLORIDA

Zip

24 32771

Country

25 USA

2a. Mailing Address

26 100 N. MAPLE AVE

Suite, Apt. #, etc.

27

City & State

28 SANFORD FLORIDA

Zip

29 32771

Country

30 USA

3. Date Incorporated or Qualified

05/05/1994

4. FEI Number

59-3242003

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

DRAKE, THOMAS B JR.
120 S. ORANGE AVENUE
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name

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

332 N. MAGNOLIA AVE.

83

84 City

ORLANDO

FL

85 Zip Code

32801

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DRAGE, JOANNE R
STREET ADDRESS 2421 E. JEFFERSON STREET
CITY-ST-ZIP ORLANDO FL 32803

TITLE VSTD
NAME DRAGE, THOMAS B
STREET ADDRESS 2421 E. JEFFERSON STREET
CITY-ST-ZIP ORLANDO FL 32803

TITLE VP
NAME DRAGE, JOHN E
STREET ADDRESS 1108 WEBSTER ST
CITY-ST-ZIP ORLANDO FL

TITLE VP
NAME DRAGE, BILLIE
STREET ADDRESS 31680 N WASHINGTON LOOP
CITY-ST-ZIP ARCADIA FL 33982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 100 N. MAPLE AVE.
1.4 CITY-ST-ZIP SANFORD FLORIDA 32771

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 100 N. MAPLE AVE
2.4 CITY-ST-ZIP SANFORD FLORIDA 32771

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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-99 407-330-0608

0091701

CR2E034 (1/1/98)