

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P94000055591 (9)		
1. Corporation Name SANDCASTLES OF ANNA MARIA, INC.		



Principal Place of Business 6220 MANATEE AVE WEST SUITE 404 BRADENTON FL 34209	Mailing Address 6220 MANATEE AVE WEST SUITE 404 BRADENTON FL 34209
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified 07/27/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0521940	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. 193.03? Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent MATTHEWS, D. TURNER 6220 MANATEE AVE WEST SUITE 404 BRADENTON FL 34209	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	
FL	85. Zip Code

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	
FL	85. Zip Code

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's signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	D STOKES, ARTHUR W
STREET ADDRESS	8114 S 83RD CT
CITY-ST-ZIP	JUSTICE IL 60458
TITLE	☐ DELETE
NAME	D STOKES, MADONNA J
STREET ADDRESS	8114 S 83RD CT
CITY-ST-ZIP	JUSTICE IL 60458
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	2133 ABERDEEN CT.
1.4 CITY-ST-ZIP	HANOVER PARK, ILLINOIS 60103
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	2133 ABERDEEN CT.
2.4 CITY-ST-ZIP	HANOVER PARK, ILLINOIS 60103
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arthur Stokes* **29 July 96** (630) 289-3145
ARTHUR STOKES
MADONNA J STOKES

CR2E034 (3/96)