

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000000111 (1)

1. Corporation Name
SANDY O, INC.



Principal Place of Business
1753 MEMORY LANE
JACKSONVILLE FL 32210

Mailing Address
1753 MEMORY LANE
JACKSONVILLE FL 32210

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25. 29. 30. 9. Name and Address of Current Registered Agent

OLIVER, T. CHARLES JR.
1753 MEMORY LANE
JACKSONVILLE FL 32210

3. Date Incorporated or Qualified
01/01/1995

3a. Date of Last Report

4. FEI Number
59-3287063

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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Officer or Director

NOTE: If a new agent is appointed, the corporation must file a new statement of information.

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
D	OLIVER, T. CHARLES JR.	1753 MEMORY LANE	JACKSONVILLE FL 32210	☐
D	ADAMS, LENORE R	H.C. 71 - BOX 348	AVA MO 65608	☐
				☐
				☐
				☐
				☐
				☐
				☐

13.

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	☐ Change ☐ Addition
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	☐ Change ☐ Addition
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

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 president 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

944-783-6536
Toll-Free Number

CR2E034 (12/95)