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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1995

4. FEI Number
59-3287063

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

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 607.01-02 and 607.15-08, Florida Statutes, the 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: Register Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
OLIVER, T. CHARLES JR.
1753 MEMORY LANE
JACKSONVILLE FL 32210

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
ADAMS, LENORE R
H.C. 71 - BOX 348
AVA MO 65608

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
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CITY- ST- ZIP

☐ DELETE

13

1.1 NAME

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 NAME

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 NAME

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 NAME

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 NAME

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 NAME

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, the receiver or trustee empowered to execute his 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:

[Handwritten Signature] 4/16/98 604-783-6536

CR2E034 (10/97)