

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000022211 (3)**

1. Corporation Name

PHILIP SAPP AND ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**726 TARPON AVENUE
FERNANDINA BEACH FL 32034**

**726 TARPON AVENUE
FERNANDINA BEACH FL 32034**

2. Principal Place of Business

2a. Mailing Address

21 **2036B NATURE'S BEND DR.**
Suite, Apt. #, etc.

26 **2036B NATURE'S BEND DR.**
Suite, Apt. #, etc.

4. FEI Number

58-2167454

Applied For

Not Applicable

22
City & State

23 **FERNANDINA BEACH, FL.**

24 **32034**
Zip

25 **USA**
Country

27
City & State

28 **FERNANDINA BEACH, FL.**

29 **32034**
Zip

30 **USA**
Country

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

10. Name and Address of New Registered Agent

**WOLFE, LARRY
200 - A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643**

81 Name

Philip Sapp

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

2036B NATURE'S BEND DR.

83

84 City

FERNANDINA BEACH, FL

85 Zip Code

32034

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

Philip Sapp

Philip SAPP

3-27-96

Signature, typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D SAPP, PHILIP**
STREET ADDRESS **726 TARPON AVENUE**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D WOOLFE, SUSAN**
STREET ADDRESS **726 TARPON AVENUE**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Philip Sapp

Philip SAPP

3-27-96

904261-2716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2E034 (12/95)