

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 # P95000031511 (5)

1. Corporation Name

SABAL SQUARE, INC.



Principal Place of Business

Mailing Address

1718 KINGSLEY AVE. 4
ORANGE PARK FL 32073

1718 KINGSLEY AVE. 4
ORANGE PARK FL 32073

3. Date Incorporated or Qualified

04/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1665 Kingsley Ave

26 1665 Kingsley Ave

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite 100

27 Suite 100

City & State

City & State

23 Orange Park, Florida

28 Orange Park, Florida

Zip

Country

Zip

Country

24 32073

25

29 32073

30

4. FEI Number

59-3310185

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOLSON, JOHN F JR
1718 KINGSLEY AVE, 4
ORANGE PARK FL 32073

81 Name Gary O. Harper

82 Street Address (P.O. Box Number is Not Acceptable)
1665 Kingsley Ave, Suite 100

83

84 City Orange Park

FL

85 Zip Code 32073

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 of person filing this report (must be signed by the registered agent)

(NOTE: Registered Agent's signature required when reappointing)

7/16/96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

11 TITLE President
12 NAME Gary O. Harper
13 STREET ADDRESS 1665 Kingsley Ave, Suite 100
14 CITY - ST - ZIP Orange Park, FL 32073

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

21 TITLE Secretary
22 NAME John A. Adams
23 STREET ADDRESS 1665 Kingsley Ave, Suite 100
24 CITY - ST - ZIP Orange Park, FL 32073

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

31 TITLE Director
32 NAME Andrew J. Cisternino
33 STREET ADDRESS 1665 Kingsley Ave, Suite 100
34 CITY - ST - ZIP Orange Park, FL 32073

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

41 TITLE Director
42 NAME Albert L. Henry
43 STREET ADDRESS 1665 Kingsley Ave Suite 100
44 CITY - ST - ZIP Orange Park, FL 32073

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - 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)(f), 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/96

Date

904-269-7077

Original Phone #

CR2E034 (3/96)