

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 # **P95000037693 (5)**

1. Corporation Name

**SANDLAPPER PRODUCTIONS, INC.**



Principal Place of Business

Mailing Address

**2335 INDIAN MOUNT TRAIL  
KISSIMMEE FL 34746**

**2335 INDIAN MOUNT TRAIL  
KISSIMMEE FL 34746**

3. Date Incorporated or Qualified

3a. Date of Last Report

**05/11/1995**

4. FEI Number

Applied For

**EIN 65-0585837**

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

2. Principal Place of Business

2a. Mailing Address

**21 2335 INDIAN MOUNT TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARLISLE, RONALD W  
2731 SILVER STAR ROAD  
ORLANDO FL 32808-3935**

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 607.1508, 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 performing the duties of registered agent and, if applicable, (NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	PATTERSON, SAM S	2335 INDIAN MOUNT TRAIL	KISSIMMEE FL 34746	<input type="checkbox"/>
VPD	PATTERSON, VICTORIA S	2335 INDIAN MOUNT TRAIL	KISSIMMEE FL 34746	<input type="checkbox"/>
SD	CARLISLE, RONALD W	2731 SILVER STAR ROAD	ORLANDO FL 32808-3935	<input type="checkbox"/>
				<input type="checkbox"/>
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
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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: **X**

**SAM S PATTERSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)