

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082361 (3)

1. Corporation Name

SOUTHERN SANDS INC.



Principal Place of Business

Mailing Address

2831 RINGLING BOULEVARD
SUITE 204B
SARASOTA FL 34237

2831 RINGLING BOULEVARD
SUITE 204B
SARASOTA FL 34237

3. Date Incorporated or Qualified

3a. Date of Last Report

10/24/1995

2. Principal Place of Business

2a. Mailing Address

21 3005 CARING WAY, SUITE A

26 3005 CARING WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE A

27 SUITE A

City & State

City & State

23 PORT CHARLOTTE, FLORIDA

28 PORT CHARLOTTE, FLORIDA

Zip

Country

Zip

Country

24 33952

25 U.S.A.

29 33952

30 U.S.A.

4. FET Number

☒ 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

FLANAGAN, JOHN R
2831 RINGLING BOULEVARD
SUITE 204B
SARASOTA FL 34237

81 Name

LoRicca, Carl

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

3005 CARING WAY

83

SUITE A

84

City PORT CHARLOTTE, FL

85

Zip Code 33952

11. Pursuant to the provisions of Sections 607.0507 and 607.1503, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Carl J. LoRicca
Signature typed for person making change (agent, officer, director, etc.)

7/17/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
STREET ADDRESS SMITH, ALAN
CITY - ST - ZIP 97 BRIAN BOULEVARD
WATERDOWN, ONTARIO LOR 2H5

TITLE ☐ DELETE

NAME VPD
STREET ADDRESS SMITH, THERESA
CITY - ST - ZIP 97 BRIAN BOULEVARD
WATERDOWN, ONTARIO LOR 2H5

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alan Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN SMITH

JUNE 25, 1996 (905) 6893337
DATE TELEPHONE NUMBER

CR2E034 (3/96)