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

CORPORATION



SIGNATURE AND TYPED OR PRINTED NAME OF

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 18, 2001 8:00 am Secretary of State 05-18-2001 91593 029 ***150 00

FILED

ANNUAL REPORT 1990 200 I **DIVISION OF CORPORATIONS** P95000087331 DOCUMENT # 552239 Corporation Name DON SINSABAUGH, INC. Principal Place of Business Mailing Address 3924 CYPRESS LANDING NORTH 3924 CYPRESS LANDING NORTH WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 3a. Date of Last Report 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 59-3333258 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 ~Trust Fund Contribution Added to Fees Zíp Country Zip Country 8. This corporation has liability for intangible tax under s 199.032. 24 ☐ Yes ☐ No 25 30 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SINSABAUGH, DON Street Address (P.O. Box Number is Not Acceptable) 3924 CYPRESS LANDING NORTH WINTER HAVEN FL 33884 84 City 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 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 amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. TITLE DELETE Change At SINSABAUGH, DON G HAME) 2 NAME 3924 CYPRESS LANDING N STREET ADDRESS 1.3 STREET ADDRESS WINTER HAVEN FL 33884 CITY - ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change T A NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST- ZIP 2.4 CITY - ST - ZIP DELETE-TITLE 3. 1 TITLE 🔲 Drange ź NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETE Change 4. 1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5. 1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP S.4 CITY - ST - ZIP TITLE DELETE 6. 1 TITLE □ Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 5.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarity furnished and does not qualify for the exemption stated in Section 119.07(3kk). Florda Statutes 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 legar effect as if n' oath; that I arm an officer or prector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that

ER OR DIRECTOR