

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P96000016594 (9)**

1. Corporation Name

**SARGOOD ENTERPRISES INC.**

Principal Place of Business

Mailing Address

**8935 MORNINGTON DRIVE  
JACKSONVILLE FL 32257**

**8935 MORNINGTON DRIVE  
JACKSONVILLE FL 32257-5212**



2. Principal Place of Business

21 **4 East Bay St**

Suite, Apt. #, etc.

22

City & State

23 **Jacksonville, FL**

Zip

24 **32202**

Country

25 **Duval**

2a. Mailing Address

26 **4 East Bay St**

Suite, Apt. #, etc.

27

City & State

28 **Jacksonville, FL**

Zip

29 **32202**

Country

30 **Duval**

3. Date Incorporated or Qualified

**02/22/1996**

3a. Date of Last Report

4. FEI Number

**59-3365099**

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

**JOHNSON, BRUCE D  
2925 BARNETT CENTER  
50 N. LAURA STREET  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

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

*James P. Sargood* **James P. Sargood VP.**

**2/14/97**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SARGOOD, WENDY A**  
STREET ADDRESS **8935 MORNINGTON DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☐ DELETE

NAME **SARGOOD, JAMES P**  
STREET ADDRESS **8935 MORNINGTON DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **President**  
1.3 STREET ADDRESS **Wendy Sargood**  
1.4 CITY-ST-ZIP **4 East Bay St.**  
**Jacksonville, FL 32202**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Vice President**  
2.3 STREET ADDRESS **James P Sargood**  
2.4 CITY-ST-ZIP **4 East Bay St.**  
**Jacksonville FL 32202**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James P. Sargood* **James P. Sargood VP** **2/14/97** **904.217.8000**

CR2E034 (9/96)