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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000027146 (5)

S. D. A., INC.

Principal Place of Business Mailing Address 1439 CROCUS COURT 1438 CROCUS COURT LONGWOOD FL 32750-4519 LONGWOOD FL 32750 3. Date Incorporated or Qualified 3a. Date of Last Report 03/22/1996 28. Mailing Address 2. Principal Place of Business Applied For 372468 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip Country Ζıp 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name VANDER LENDE, DAVID L **1438 CROCUS COURT** 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 83 84 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 Supported by each or printed how each registered agent and little diapplicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) (96/6) DELETE Change Addition 1 1 TITLE President TITLE DAVID L. VANDER LENDE NAME 1.2 NAME 1438 Crocus CT. STREET ADDRESS 1.3 STREET ADDRESS ongwerd, FL. 32750 1,4 CITY - ST - ZIP CHTY - \$1 - ZIP DELETE . Change \_\_\_ Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY ST. ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4 City-St-7iP CHY-ST ZIP ☐ Change DELETE ☐ Addition 4.1 TITLE  $\Pi^*H$ NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - S1 - ZIP CITY ST ZIP Addition DELETE Change 5.1 FITLE THUE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS CITY-SF-ZIP 5.4 CITY - ST - ZIP Addition DELETE ☐ Change 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 DITY-ST-ZIP CDY- \$1, 200 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 and cated on this annual report or suppliemental 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

SIGNATURE:

**FILED** 

Feb 20 1997 8:00am

Secretary of State