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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000029663 (7)

1. Corporation Name

SANCEL CORPORATION

Principal Place of Business
U.S. 27 AND SANDERS ROAD
FORT WHITE FL 32038

Mailing Address
P.O. BOX 359
FT. WHITE FL 32038-0359



3. Date Incorporated or Qualified

04/01/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 Suite Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SANDERS, GLENN W
U.S. 27 AND SANDERS ROAD
FORT WHITE FL 32038

4. FEI Number

59-3377306

☒ 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

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: GLENN W. SANDERS

(NOTE: Registered Agent signature required when reinstating)

3-3-97

12. OFFICERS AND DIRECTORS

TITLE: PRESIDENT ☐ DELETE

NAME: GLENN W. SANDERS

STREET ADDRESS: P.O. BOX 359 N/A

CITY-STATE-ZIP: FT. WHITE, FL 32038

TITLE: VICE PRESIDENT ☐ DELETE

NAME: GLENN W. SANDERS

STREET ADDRESS: P.O. BOX 359 N/A

CITY-STATE-ZIP: FT. WHITE, FL 32038

TITLE: SECRETARY & TREASURER ☐ DELETE

NAME: GLENN W. SANDERS

STREET ADDRESS: P.O. BOX 359 N/A

CITY-STATE-ZIP: FT. WHITE, FL 32038

TITLE: ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

TITLE: ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

TITLE: ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

Signature and Typed or Printed Name of Signing Officer or Director: GLENN W. SANDERS
Date: 3/3/97
Online Filing # 904-497-1129

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