

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 07 1998 8:00am
Secretary of State

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/01/1996

4. FEI Number

59-3377306

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

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

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

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 P
NAME GLENN, SANDERS W
STREET ADDRESS PO BOX 359
CITY-ST-ZIP FT WHITE FL

TITLE VP
NAME GLENN, SANDERS
STREET ADDRESS PO BOX 359
CITY-ST-ZIP FT. WHITE FL

TITLE ST
NAME GLENN, SANDERS W
STREET ADDRESS PO BOX 359
CITY-ST-ZIP FT WHITE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME GLENN W. SANDERS
1.3 STREET ADDRESS US HWY 27 AND SANDERS ROAD
1.4 CITY-ST-ZIP FORT WHITE, FL. 32038

2.1 TITLE V.P.
2.2 NAME GLENN W. SANDERS
2.3 STREET ADDRESS US HWY 27 & SANDERS ROAD
2.4 CITY-ST-ZIP FORT WHITE, FL. 32038

3.1 TITLE S.T.
3.2 NAME GLENN W. SANDERS
3.3 STREET ADDRESS US HWY 27 & SANDERS ROAD
3.4 CITY-ST-ZIP FORT WHITE, FL. 32038

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 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

904-497-1129

3-18-98

Daytime Phone # 0018821

CR2E034 (10/97)