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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000042097 (1)

SABAL I	INVESTMENTS, INC.	())
Principal Place of Business C/O GARY O. HARPER. CPA 1665 KINGSLEY AVE STE. 100 ORANGE PARK FL 32073		Mailing Address C/O GARY O. HARPER, CPA 1665 KINGSLEY AVE., STE. 100 ORANGE PARK FL 32073-4415				
					3. Date Incorporated or Qualified 3a. I	Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number _ aaaa	Applied For	
21 Cuite Act # ate		26		59-3378486	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	······································	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for intangible	
24	25 9. Name and Address of Curren		30		Florida Statutes Yes 10. Name and Address of New Registered	No
адн	PER, GARY O CPA		81	Name		
	KINGSLEY AVENUE		82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
SUN	TE 100					
ORA	INGE PARK FL 32073		[83]			
			84	City	FI	85 Zip Code
11. Pursuant i office or re agent. I se	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligi	2 and 607.1508, Florida Statutes of Florida. Such change was au ations of, Section 607.0505, Flor	the above thorized by ida Statutes	named corp the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	
SIGNATURE						
12,	Signature, typed or printed name of registered age OFFICERS AN		Registered Age	nt signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
TITLE	D OF ICERS AND	DELETE	1.1 THE		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	ADAMS, JOHN A	•	1.2 NAME	[
STREET ADDRESS	2322 GLENFINNAN DRIVE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073	T OF LATE	1.4 CITY - ST - 7/P			
TITLE	D CARY O	☐ DELĒTE	2.1 TITLE	İ		Change Addition
NAME STREET ADDRESS	HARPER, GARY O 283 EDINBURGH LANE		2.2 NAME 2.3 STREET	ADUDLES		
CITY-ST-ZIP	ORANGE PARK FL 32073		2.3 STREET	ſ		
TITLE		TETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	Ì		
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP		T DO ETC	3.4. C(TY - S1 - Z(P			Change Addition
TITLE NAME		☐ DELETE	4.1 TITLE 4.2 NAME			Change Addition
STREET ADDRESS			4.2 NAME 4.3 STREET	AMORESS		
CITY-ST-ZIP			4.4 CHY-S	- {		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP			Change
TITLE NAME		Ĺ.∫ DELETE	GATOLE GANAME			Change Addition
STREET ADDRESS			6.2 NAME 6.3 STREET	AUDBESS		
CITY-\$T-ZIP			6.3 STREET	J		
14. I do herek	by certify that the information supplied	d with this filing does not qualify	for the exe	mption stated	in Section 119.07(3)(i), Florida Statutes. I furth	er certify that the
l am an o	n indicated on this annual report or s fficer or director of the corporation or n Block 12 or Block 13 i∕rchanged, o	the receiver or trustee empower	red to exec	rate and that ute this repor	my signature shall have the same legal effect of the same legal effect	as if made under oath; that and that my name

4/17/97

(904)269-7071