


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

FILED

Apr 10 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>P96000049562</u> 1. Corporation Name <b>SANDS INSTRUMENTS, INC.</b>			
Principal Place of Business <b>22003 FRONT BEACH RD PANAMA CITY BEACH, FL 32413</b>		Mailing Address <b>P.O. BOX 325 SUNNYSIDE, FL 32461</b>	
2. Principal Place of Business 21 <b>22003 FRONT BEACH RD</b> Suite, Apt. #, etc. 22 City & State 23 <b>PANAMA CITY BEACH, FL</b> Zip 24 <b>32413</b>	2a. Mailing Address 26 <b>P.O. BOX 325</b> Suite, Apt. #, etc. 27 City & State 28 <b>SUNNYSIDE, FL</b> Zip 29 <b>32461</b>	3. Date Incorporated or Qualified <b>6-11-96</b>	3a. Date of Last Report —
4. FEI Number <b>59-3391324</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>SUSAN MARIE WIGGINS 22003 FRONT BEACH RD PANAMA CITY BEACH, FL 32413</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <u>Susan M. Wiggins</u> <b>SUSAN M. WIGGINS PRESIDENT 4/1/97</b> Signature typed or printed name of registered agent and agent applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE <b>PRESIDENT &amp; SECRETARY</b> <input type="checkbox"/> DELETE NAME <b>SUSAN M. WIGGINS</b> STREET ADDRESS <b>22003 FRONT BEACH RD</b> CITY-ST-ZIP <b>PANAMA CITY BEACH, FL 32413</b> TITLE <b>VICE PRESIDENT &amp; TREASURER</b> <input type="checkbox"/> DELETE NAME <b>SUE C. DAY</b> STREET ADDRESS <b>6999 WILLOWDALE DR</b> CITY-ST-ZIP <b>CINCINNATI, OHIO 45248</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Susan M. Wiggins</u> <b>SUSAN M. WIGGINS</b> <b>4/1/97</b> <b>904-230-0066</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>PRESIDENT</b>			

CR2E034 (9/96)