

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90002 006 \*\*\*150.00

DOCUMENT # P96000102740

1. Corporation Name

T.E. SANDLIN & ASSOCIATES, INC.

Principal Place of Business

1816 TALBOT AVE  
JACKSONVILLE FL 32205

Mailing Address

1816 TALBOT AVE  
JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

APPLIED FOR 59-3564010

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SANDLIN, THOMAS E  
1816 TALBOT AVE  
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name

SANDLIN SUSAN W.

82 Street Address (P.O. Box Number is Not Acceptable)

2536 HOLLY POINT RD., EAST

83

84 City

ORANGE PARK

FL

85 Zip Code

32073

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 SUSAN W. SANDLIN

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Susan W. Sandlin

4-22-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D ☒ DELETE

NAME SANDLIN, THOMAS E SR  
STREET ADDRESS 2536 HOLLY PT. RD., EAST  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE S ☒ DELETE

NAME SANDLIN, SUSAN W  
STREET ADDRESS 2536 HOLLY PT. RD., EAST  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME SANDLIN SUSAN W.  
1.3 STREET ADDRESS 2536 HOLLY POINT RD. EAST  
1.4 CITY-ST-ZIP ORANGE PARK, FL 32073

2.1 TITLE S ☐ Change ☒ Addition

2.2 NAME Leigh A. Sandlin  
2.3 STREET ADDRESS 4375 CONFEDERATE POINT RD.  
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32210

3.1 TITLE VP ☐ Change ☒ Addition

3.2 NAME Thomas E. Sandlin, Jr  
3.3 STREET ADDRESS 2802 DORIS AVE.  
3.4 CITY-ST-ZIP JACKSONVILLE FL 32210

4.1 TITLE TRSA ☐ Change ☒ Addition

4.2 NAME DEEN, ANNE F  
4.3 STREET ADDRESS 3918 HERSCHER ST.  
4.4 CITY-ST-ZIP JACKSONVILLE FL 32205

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN W. SANDLIN PRES

Date

Daytime Phone #

4-22-99 (904) 215-9645

CR2E034 (11/98)