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

DOCUMENT # P97000028723 (9)

SANFORD TRUE VALUE, INC.

FILED
May 04 1998 8:00am
Secretary of State



rinciparriace	O DUSITICAS	Mailing Address				
1760 AIRPOR SANFORD FL	T BOULEVARD	1760 AIRPORT BOULEVA SANFORD FL 32771	1780 AIRPORT BOULEVARD			
Out One I C	oet / /	SKIN OND FE 32171	SHIPOND FL 32771		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					03/15/1997	
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			
21		<u>}</u> —¬			50 3430100	
Suite, Apt.	# etc	26 Suite Apt # ete	Suite, Apt. #, etc.			
22	, 0 10	27	<u>F−</u>		5. Certificate of Status Desired Fee Required	
City & State		City & State	·		6. Election Campaign Financing \$5.00 May Be	
23		28	28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of C	urrent Registered Agent	10. Name and Address of New Registered Agent			
· · · · · · · · · · · · · · · · · · ·				81 Name		
320 NORTH CYPRESS WAY			ļ.,	ļ		
	SSELBERRY FL 32707		82	Street	Address (P.O. Box Number is Not Acceptable)	
5 , (ODEDENIN I E OFFO		83	1		
			84	City	85 Zip Code	
	<u> </u>			"	┣┖ │	
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.						
agent. Fam randiat with, and accept the obligations of, Section 607,0505, Florida Statutes.						
SIGNATURE STORM UNITED TO SIGNATURE STORM SIGN						
12.	OF EICE HS	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DFLETE	1.1 TITLE		D/P 🔀 Change 🗆 Addition	
NAME	Sullivan, Robert e		1.2 NAME			
STREET ADDRESS C/O 1760 AIRPORT BOULEV		ULEVARD	1.3 STREET ADDRESS		216 Mea d ow Blvd.	
CITY-ST-ZIP	SANFORD FL 32771		1.4 City-		Sanford. FL 32771	
TITLE		☐ DELE TE	2.1 TITLE	U1		
NAME			2.2 NAME		U/ 3	
STREET ADDRESS				T ADDRESS	Michael Deeming 320 North Cypress Way	
					320 North Cypress way	
CITY-ST-ZIP TITLE		DELETE	2. 4 CHY-	ST-ZIP	Casselberry, FL 32707	
		C DECEIE	3.1 TITLE 3.2 NAME		D/T Change X Addition Maureen Deeming	
NAME		■ ·			220 North Comment Have	
STREET ADDRESS			3.3 STREE	1 ADDRESS	320 North Cypress Way	
CITY-ST-ZIP				ST-ZIP	Casselberry, FL 32707	
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE	☐ DELETE		5.1 TITLE		Change Addition	
NAME			52 NAME			
STREET ADDRESS			5.3 STAFF	r address		
CITY-ST-ZIP			5 4 CiTY-	ST-ZIP		
TITLE	☐ DELETE		6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	I ADDRESS		
CITY-ST-ZIP			6.4 CITY - !			
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						
unicer or director or 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 IL changed, or on an attachinent with an address.						