

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

FILED  
Jun 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>'1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000062250 (0)**  
1. Corporation Name  
**SANDERS/WILSON CONSTRUCTION AND DEVELOPMENT, INC**



Principal Place of Business <b>10300 PENSACOLA BLVD. PENSACOLA FL 32534</b>	Mailing Address <b>10300 PENSACOLA BLVD. PENSACOLA FL 32534</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>07/17/1997</b>	
4. FEI Number <b>Applied for</b>		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>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>SANDERS, FRANK J 10300 PENSACOLA BLVD. PENSACOLA FL 32534</b>	

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83 City	84 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
NAME	STREET ADDRESS	13 STREET ADDRESS	14 CITY - ST - ZIP
CITY - ST - ZIP	<input type="checkbox"/> DELETE	21 TITLE	22 NAME
TITLE	NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
NAME	STREET ADDRESS	31 TITLE	32 NAME
CITY - ST - ZIP	<input type="checkbox"/> DELETE	33 STREET ADDRESS	34 CITY - ST - ZIP
TITLE	NAME	41 TITLE	42 NAME
NAME	STREET ADDRESS	43 STREET ADDRESS	44 CITY - ST - ZIP
CITY - ST - ZIP	<input type="checkbox"/> DELETE	51 TITLE	52 NAME
TITLE	NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
NAME	STREET ADDRESS	61 TITLE	62 NAME
CITY - ST - ZIP	<input type="checkbox"/> DELETE	63 STREET ADDRESS	64 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.

CR2E034 (10/97)