

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -7 PM 3:54

DOCUMENT # **S75799** (4)

1. Corporation Name
SANDERS AUTOMOTIVE, INC.

Principal Place of Business Mailing Address
**10263 GANDY BOULEVARD
APT. #2209
ST. PETERSBURG FL 33710
US** **% ENGLANDER & FISCHER, P.A.
5959 CENTRAL AVE., STE. 201
ST. PETERSBURG FL 33710
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/26/1991** 3a. Date of Last Report **01/25/1994**

4. FEI Number **59-3091727** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 14880 Shipwatch Trace 26 P.O. Box 986
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 #1917 27
City & State City & State
23 Largo, FL 28 Indian Rocks Beach, FL
Zip Country Zip Country
24 34644 25 34635 30

9. Name and Address of Current Registered Agent
**ENGLANDER & FISCHER, P.A.
5959 CENTRAL AVENUE
SUITE 201
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____
(Signature typed or printed below; if registered agent, also type or print name and title of corporation) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD	SANDERS, ROBERT B., JR. 10263 GANDY BLVD., #2209 ST PETERSBURG FL	1.1 TITLE Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME Same	
STREET ADDRESS		1.3 STREET ADDRESS 14880 Shipwatch Trace #1917	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP Largo, FL 34644	
TITLE		2.1 TITLE Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD SANDERS, JUDITH O.	2.2 NAME Same	
STREET ADDRESS	10263 GANDY BLVD., #2209	2.3 STREET ADDRESS 14880 Shipwatch Trace #1917	
CITY-STATE-ZIP	ST PETERSBURG FL	2.4 CITY-STATE-ZIP Largo, FL 34644	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 117.07(3)(b), 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 or changed, or on an attachment with an address.

SIGNATURE: *Robert B. Sanders Jr.* Pres. 3-1-95 813-593-9492
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Telephone Number