

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S92785** (2)

1. Corporation Name

ANN SANFORD INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**4651 EMERALD PARKWAY COAST
UNIT D
DESTIN FL 32541**

**ANN SANFORD INVESTMENTS, INC.
P.O. BOX 1896
DESTIN FL 32540
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/07/1991	3a. Date of Last Report 04/20/1994
4. FEI Number 59-3093961	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fees 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. 190.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**KRAEMER, MARY K
727 HIGHWAY 98 EAST
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	RAYMOND, SHIRLEY S	1.2 NAME	
STREET ADDRESS	5203 BEACHWALK	1.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	RAYMOND, DAVID S	2.2 NAME	
STREET ADDRESS	5203 BEACHWALK	2.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	RAYMOND, CARA A	3.2 NAME	PECORE, CARA A.
STREET ADDRESS	400 PRIMROSE CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WHEELER, BOBBY LEE	4.2 NAME	
STREET ADDRESS	320 CEDAR ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Carla Pecore 4/28/95 *Carla A. Pecore 4/28/95* *904-654-6279*

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

Date

(Typed Name)