FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S92785** **(2)**

1. Corporation Name

ANN SANFORD INVESTMENTS, INC.

Principal Place of Business

4651 EMERALD PARKWAY COAST
UNIT D
DESTIN FL 32541

Mailing Address

ANN SANDORD INVESTMENTS. INC.
P.O. BOX 1896
DESTIN FL 32540
US

3. Date Incorporated or Qualified: **11/07/1991**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3093961** ☐ 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

2. Principal Place of Business
21 Same As Above
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 Same As Above
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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
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 _____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	RAYMOND, SHIRLEY S	
STREET ADDRESS	5203 BEACHWALK	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	☐ DELETE
NAME	RAYMOND, DAVID S	
STREET ADDRESS	5203 BEACHWALK	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	☐ DELETE
NAME	PECORE, CARA A	
STREET ADDRESS	400 PRIMROSE CIRCLE	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	☒ DELETE
NAME	WHEELER, BOBBY LEE	
STREET ADDRESS	320 CEDAR ST	
CITY-ST-ZIP	DESTIN FL	
TITLE	DIRECTOR	☐ DELETE
NAME	CHRIS PECORE	
STREET ADDRESS	400 PRIMROSE CR.	
CITY-ST-ZIP	DESTIN, FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
5.2 NAME	CHRIS PECORE	
5.3 STREET ADDRESS	400 PRIMROSE CR	
5.4 CITY-ST-ZIP	DESTIN, FLA	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 X in Block 13.

SIGNATURE: Cara A. Pecore Cara A. Pecore 3/4/96 (904)654-6879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #