

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S92785**

1. Entity Name

ANN SANFORD INVESTMENTS, INC.**FILED**
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90311 035 ***150.00

0034912

Principal Place of Business
11714 US HWY 98 WEST
#C & D
DESTIN FL 32541
US

Mailing Address
ANN SANFORD INVESTMENTS INC
P.O. BOX 1896
DESTIN FL 32540
US

JUL 10 00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3093961		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KRAEMER, MARY K
36474 EMERALD COAST PARKWAY
SUITE 4101
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	RAYMOND, SHIRLEY S	
STREET ADDRESS	1467 OAKMONT PLACE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RAYMOND, DAVID S	
STREET ADDRESS	1467 OAKMONT PLACE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PECORE, CARA A	
STREET ADDRESS	223 DOMINICA CIRCLE E	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PECORE, CHRISTOPHER M	
STREET ADDRESS	223 DOMINICA CIRCLE E	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEAMES, BILLY E	
STREET ADDRESS	1459 EMERALD BAY DRIVE	
CITY-ST-ZIP	DESTIN FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DEAMES, MARILYN K	
STREET ADDRESS	1459 EMERALD BAY DRIVE	
CITY-ST-ZIP	DESTIN FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)