

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S99444** (9)

1. Corporation Name

FIRST SANLANDO, INC.



Principal Place of Business

**203 RIVERBEND COURT
LONGWOOD FL 32779**

Mailing Address

**203 RIVERBEND COURT
LONGWOOD FL 32779**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

**HICKMAN, JAMES W.
203 RIVERBEND COURT
LONGWOOD FL 32779-4997**

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 607.05(2) and 607.1506, 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, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Sections 607.05(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	☐ DELETE
NAME	HICKMAN, JAMES W.	
STREET ADDRESS	203 RIVERBEND COURT	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DT	☐ DELETE
NAME	HICKMAN, ANDRE	
STREET ADDRESS	203 RIVERBEND COURT	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DS	☐ DELETE
NAME	HICKMAN, CHANTAL	
STREET ADDRESS	203 RIVERBEND COURT	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	DV
23 STREET ADDRESS	Hickman, Andre'
24 CITY-ST-ZIP	203 Riverbend Ct.
31 TITLE	☒ Change ☐ Addition
32 NAME	DST
33 STREET ADDRESS	Hickman, Chantal
34 CITY-ST-ZIP	203 Riverbend Ct.
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 included on this annual report or supplement 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

CR2E034 (12/95)