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FILED

Apr 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # V01551 (3)

1. Corporation Name

SARA WASHINGTON PROPERTIES, INC.



Principal Place of Business

Mailing Address

~~10225 ULMERTON ROAD~~  
~~SUITE 2~~  
~~LARGO FL 34641~~  
~~US~~

~~10225 ULMERTON ROAD~~  
~~SUITE 2~~  
~~LARGO FL 34641~~  
~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2535 SUCCESS DR

Suite, Apt. #, etc.

22

City & State

23 ODESSA FL

Zip

24 33556

Country

25 PASCO

2a. Mailing Address

26 2535 SUCCESS DR

Suite, Apt. #, etc.

27

City & State

28 ODESSA FL

Zip

29 33556

Country

30 PASCO

3. Date Incorporated or Qualified

12/18/1991

4. FEI Number

65-0304479

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BAKER, RICHARD W  
~~1803 US 10~~  
~~HOLIDAY FL 34091~~

10. Name and Address of New Registered Agent

81 Name RICHARD W. BAKER

82 Street Address (P.O. Box Number is Not Acceptable)  
2535 SUCCESS DR

83

84 City ODESSA

FL

85 Zip Code 33556

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

*RW Baker*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME STAPLES, JACK

STREET ADDRESS 1803 US 10

CITY-ST-ZIP HOLIDAY FL

TITLE VSD ☐ DELETE

NAME SPEER, LYNDA L

STREET ADDRESS 1803 US 10

CITY-ST-ZIP HOLIDAY 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME JACK STAPLES

1.3 STREET ADDRESS 2535 SUCCESS DR

1.4 CITY-ST-ZIP ODESSA FL 33556

2.1 TITLE VSD ☒ Change ☐ Addition

2.2 NAME LYNDA L SPEER

2.3 STREET ADDRESS 2535 SUCCESS DR

2.4 CITY-ST-ZIP ODESSA FL 33556

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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

*RW Baker*

CR2E034 (10/97)