FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V09091 (2)

1. Corporation Name
SACO, INC.

Principal Place of Business	Mailing Address
~~1210 KINGSLEY AVE~~ ~~SUITE 4~~ ~~ORANGE PARK FL 32073~~	~~1210 KINGSLEY AVE~~ ~~SUITE 2~~ ~~ORANGE PARK FL 32073~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1992
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 2301 PARK AVE	26 2301 PARK AVE
22 Suite, Apt. #, etc. SUITE 404	27 Suite, Apt. #, etc. SUITE 404
23 City & State ORANGE PARK FL.	28 City & State ORANGE PARK FL.
24 Zip 32073 25 County USA	29 Zip 32073 30 County USA

4. FEI Number: 71-0716880 ☐ 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

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~HAMILTON, WILLIAM A.~~ ~~1210 KINGSLEY AVE~~ ~~SUITE 2~~ ~~ORANGE PARK FL 32073~~	81 Name BARRY J. FULLER 82 Street Address (P.O. Box Number is Not Acceptable) 2301 PARK AVE 83 SUITE 404 84 City ORANGE PARK FL 85 Zip Code 32073

11. Pursuant to the provisions of Section 607.0505 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] DATE 4/24/95
(Signature (and/or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	COX, SAMUEL	12 NAME	
STREET ADDRESS	284 SHADOWLAWN ROAD	13 STREET ADDRESS	
CITY ST ZIP	MARIETTA GA	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	SAMS, MARY	22 NAME	
STREET ADDRESS	111 GREENBRIAR CIRCLE	23 STREET ADDRESS	
CITY ST ZIP	CROSSETT AR	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	GUY, SAMS	32 NAME	
STREET ADDRESS	111 GREENBRIAR CIR.	33 STREET ADDRESS	
CITY ST ZIP	CROSSATT AR	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	COX, MARY	42 NAME	
STREET ADDRESS	284 SHADOWLAWN RD.	43 STREET ADDRESS	
CITY ST ZIP	MARIETTA GA	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: [signature] 4/25/95 501-364-7295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Guy D. Sams

0004250 CP