

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V09091 (2)

1. Corporation Name
SACO, INC.



Principal Place of Business

Mailing Address

2301 PARK AVE
STE 404
ORANGE PARK FL 32073
US

2301 PARK AVE
STE 404
ORANGE PARK FL 32073
US

2. Principal Place of Business

2a. Mailing Address

21 2301 PARK AVE.

26 2301 PARK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 404

27 SUITE 404

City & State

City & State

23 ORANGE PARK FL.

28 ORANGE PARK FL.

Zip

Country

Zip

Country

24 32073

25 USA.

29 32073

30 USA.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/23/1992

3a. Date of Last Report

05/01/1995

4. FET 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

FULLER, BARRY J.
2301 PARK AVE
STE 404
ORANGE PARK FL 32073

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
VD
COX, SAMUEL
STREET ADDRESS
284 SHADOWLAWN ROAD
CITY-STATE-ZIP
MARIETTA GA

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
TD
SAMS, MARY
STREET ADDRESS
111 GREENBRIAR CIRCLE
CITY-STATE-ZIP
CROSSETT AR

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
PD
GUY, SAMS
STREET ADDRESS
111 GREENBRIAR CIR.
CITY-STATE-ZIP
CROSSETT AR

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VD
COX, MARY
STREET ADDRESS
284 SHADOWLAWN RD.
CITY-STATE-ZIP
MARIETTA GA

1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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 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:

Any D. Lane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95 501-3647295
Date Daytime Phone

CR2E034 (12/95)