

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sue A. B. McArthur
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

95 MAY - 1 PM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V12539**

(5)

1. Name of Corporation:

THE SIDON GROUP, INC.

Principal Place of Business:

**8171 STILLWATER COVE
NAVARRE FL 32566
US**

Mailing Address:

**C/O WILLIAM ANDERSEN
8171 STILLWATER COVE
NAVARRE FL 32566
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/06/1992** 3a. Date of Last Report: **07/19/1994**

4. FEI Number: **65-0310773** 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 has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business:	2a. Mailing Address:
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State:	27. City & State:
23. Country:	28. Country:
24. Zip:	29. Zip:
25. Latitude:	30. Longitude:

9. Name and Address of Current Registered Agent

**ANDERSEN, LARRY
8171 STILLWATER COVE
NAVARRE FL 32566**

10. Name and Address of New Registered Agent

81. Name:	85. State:
82. Street Address (P.O. Box Number is Not Acceptable):	
83. City:	
84. Zip:	

11. Pursuant to the requirements of Sections 601.01, 601.02, and 601.03, Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office in accordance with the provisions of the Statute, and hereby certifies that the corporation's board of directors, if any, has authorized this statement and the appointment of the registered agent named herein, and that the corporation is in compliance with the provisions of the Statute.

SIGNATURE:

Signature of the person authorized to sign this statement

Signature of the person authorized to sign this statement

Signature of the person authorized to sign this statement

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	P ANDERSEN, LARRY 8171 STILLWATER COVE NAVARRE FL	NAME	☐ Change ☐ Addition
STREET ADDRESS		NAME	☐ Change ☐ Addition
CITY		NAME	☐ Change ☐ Addition
STATE		NAME	☐ Change ☐ Addition
ZIP		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		NAME	☐ Change ☐ Addition
CITY		NAME	☐ Change ☐ Addition
STATE		NAME	☐ Change ☐ Addition
ZIP		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		NAME	☐ Change ☐ Addition
CITY		NAME	☐ Change ☐ Addition
STATE		NAME	☐ Change ☐ Addition
ZIP		NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(b), Florida Statutes. I further certify that the information was filed on this annual report or supplemental annual report as 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 liquidator empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Andersen

4-28-95

404-579-2061