

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **V35816**

(0)

1. Corporation Name

SANDPHIL PROPERTIES, INC.



Principal Place of Business

Mailing Address

**1916 SANDPHIL RD
SARASOTA FL 34232
US**

**P.O. BOX 715
BOCA GRANDE FL 33921-0715
US**

3. Date Incorporated or Qualified
05/13/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 **1601 Ken Thompson Pkwy.**

22 City & State

27 City & State
Sarasota, Florida

23 Zip Country

28 Zip Country
34236

4. FEI Number

65-0338615

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARPER, JACK R
222 HARBOR DR.
BOCA GRANDE FL 33921**

81 Name
William E. Robertson, Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
720 South Orange Avenue
83
84 City
Sarasota, FL
85 Zip Code
34236

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

William E. Robertson, Jr.

4/21/97

Signature of the person named as registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS


13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-------------------------------|--|
| TITLE | PTD | <input type="checkbox"/> DELETE |
| NAME | WHIPP, EUGENE | |
| STREET ADDRESS | 1601 KEN THOMPSON PKY. | |
| CITY- ST- ZIP | SARASOTA FL 34236 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | HARPER, JACK | |
| STREET ADDRESS | 222 HARBOR DR. | |
| CITY- ST- ZIP | BOCA GRANDE FL 33921 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | | |
|--------------------|----------------------------------|--|
| 1.1 TITLE | P S T D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Eugene Whipp | |
| 1.3 STREET ADDRESS | 1601 Ken Thompson Parkway | |
| 1.4 CITY- ST- ZIP | Sarasota, Florida 34236 | |
| 2.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Wendy Pitstick | |
| 2.3 STREET ADDRESS | 4740 Greenwich RD. | |
| 2.4 CITY- ST- ZIP | Sarasota, FL 34233 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY- ST- ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY- ST- ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY- ST- ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY- ST- ZIP | | |

14. I do 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene Whipp, President

4/21/97

(941) 388-4411

Date

Daytime Phone #

CR2E034 (9/96)