

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000012962

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC2301851207**

**Entity Name:** SANDERS COMMERCIAL PROPERTIES, INC.

**Current Principal Place of Business:**

2759 ST JOHNS BLUFF RD  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

2759 ST JOHNS BLUFF RD  
JACKSONVILLE, FL 32246

**FEI Number:** 59-3697464

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANDERS, THOMAS J  
2759 ST. JOHNS BLUFF RD S  
JACKSONVILLE, FL 32246 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           VP  
Name           SANDERS, THOMAS J  
Address        2759 ST JOHNS BLUFF RD  
City-State-Zip: JACKSONVILLE FL 32246

Title           P/T  
Name           SANDERS, KIM  
Address        2759 ST JOHNS BLUFF RD  
City-State-Zip: JACKSONVILLE FL 32246

Title           S  
Name           VANCE, DARCY M  
Address        2759 ST JOHNS BLUFF RD  
City-State-Zip: JACKSONVILLE FL 32246

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS J SANDERS

**VICE PRESIDENT**

**01/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date