

**CORPORATION
ANNUAL REPORT**

1995

**Division of Corporations
Secretary of State**

DOCUMENT # 463882

(0)

1. Corporation Name

SABINE, INC.

95 APR 13 AM 11:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**4637 NW 6 STR
GAINESVILLE FL 32609
US**

Mailing Address

**4637 NW 6 STR
GAINESVILLE FL 32609
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/21/1974

3a. Date of Last Report

07/29/1994

4. FEI Number

59-1557170

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**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

27 City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OSTER, DORAN
3440 NW 13TH AVE 1425 NW 35th Terr.
GAINESVILLE, FL
32605**

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO**
NAME **OSTER, DORAN**
STREET ADDRESS **3440 NW 13TH AVENUE 1425 NW 35th Terr.**
CITY- ST- ZIP **GAINESVILLE, FL 32605**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1425 NW 35th Terr**
1.4 CITY- ST- ZIP

TITLE **Vice President**
NAME **RICHARD R. ALLEN**
STREET ADDRESS **725 NE FIRST ST.**
CITY- ST- ZIP **Gainesville, FL 32601**

2.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
2.2 NAME **RICHARD R. ALLEN**
2.3 STREET ADDRESS **725 NE First St.**
2.4 CITY- ST- ZIP **Gainesville, FL 32601**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information reported on this annual report or biennial 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 registered agent or authorized employee 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 BINDING OFFICER OR DIRECTOR

RICHARD R. ALLEN

4/5/95 (904) 371-3829