

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

INCORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
CORPORATION DIVISION

APPROVED
AND
FILED

95 MAY 10 AM 10:25

DOCUMENT # **L69835** (1)
SANBEAR, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Date of Incorporation		2a. Mailing Address	
21		26	
22		27	
23		28	
24		29	
25		30	

3. Date of Incorporation or Transfer	3a. Date of Last Report
04/30/1990	05/01/1994
4. FEI Number	Applied For Not Applicable
5. Certificate of Status Expires	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions	\$5.00 May Be Added to Fees
7. This corporation has liability for interstate tax under s. 190.032 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

DAVIS, SANDRA S.
425 HWY 415 N.
OSTEEN FL 32764

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City

FL B5 Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office as herein reported in its report on the State of Florida and that no change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.

SIGNATURE: **SANDRA S. DAVIS** *Sandra Davis* **5-4-95**

12. OFFICERS AND DIRECTORS

NAME	DST DAVIS, SANDRA S. 425 HWY. 415 N. OSTEEN FL
NAME	DP DAVIS, BARRY J. 425 HWY, 415 N. OSTEEN FL
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 190.031(1)(b) Florida Statutes. Further, I certify that the information was obtained from the annual report or supplemental annual report of the corporation and that my signature shall have the same legal effect and make public information an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears on Block 1 of Block 1 of the report as an officer with an address.

SIGNATURE: **SANDRA S. DAVIS** *Sandra Davis* **5/4/95** **407-321-6852**