

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 FEB -8 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 702687

(5)

1. Corporation Name

PLYMOUTH HARBOR INCORPORATED

Principal Place of Business

Mailing Address

700 JOHN RINGLING BOULEVARD  
SARASOTA FL 34236

700 JOHN RINGLING BOULEVARD  
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1961

3a. Date of Last Report

04/15/1994

4. FEI Number

59-1031820

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status



\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANDERBECK, J. MARK  
700 JOHN RINGLING BLVD.  
SARASOTA FL 34236

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
NOLT, DONALD L  
4831 HUNTLEIGH DRIVE  
SARASOTA FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

VPres.

☒ Change ☒ Addition

ZIP CODE is: 34233

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
PERKINS, ROBERT E  
4524 E FOREST LAKE DR  
SARASOTA FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Pres.

☒ Change ☐ Addition

David M. Mitchell  
3525 E. Forest Lake Drive  
Sarasota, FL 34232

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
BURNS, LILLIAN G.  
1474 WILLOW DRIVE  
SARASOTA FL

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

Pres.

☒ Change ☐ Addition

555 S. Gulfstream Avenue  
Sarasota FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
QUIMBY, ROBERT F  
1363 GLENDALE CIRCLE E  
SARASOTA FL

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

TD

☒ Change ☐ Addition

T. Raymond Suplee  
1741 Seminole Drive  
Sarasota FL 34239

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lillian G. Burns

January 31, 1995

(813) 361-7511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR