FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:07

DOCUMENT # 706373 (8)

1. Corporation Name

GREATER SEMINOLE AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
8400 113 ST N PO BOX 3337 SEMINOLE FL 34642-7337	8400 113 ST N PO BOX 3337 SEMINOLE FL 34642-0337 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1963
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-1052175 ☐ 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 ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KING, PAUL N
8400 113TH STR NO
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name: SCHMORANZ, PATRICIA
82 Street Address (P.O. Box Number is Not Acceptable): 8400 113th STREET No.
83
84 City: SEMINOLE FL 85 Zip Code: 34642

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: Patricia Schmoranz PATRICIA SCHMORANZ 14 FEBRUARY '95
Signature, typed or printed name of 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	VD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	NICKSE, WALLY	1.2 NAME	NICKSE, WALLY	
STREET ADDRESS	3201 34TH STR SO	1.3 STREET ADDRESS	3201 34th STREET SO	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	PD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	HIGGINS, MARK	2.2 NAME	HIGGINS, MARK	
STREET ADDRESS	9750 SEMINOLE BLVD	2.3 STREET ADDRESS	9750 SEMINOLE BLVD	
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	SEMINOLE, FL	
TITLE	M	3.1 TITLE	M	☒ Change ☐ Addition
NAME	KING, PAUL N	3.2 NAME	SCHMORANZ, PATRICIA	
STREET ADDRESS	8400 113TH ST. N.	3.3 STREET ADDRESS	8400 113th STREET NO	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	SEMINOLE, FL	
TITLE	D	4.1 TITLE	TO	☒ Change ☐ Addition
NAME	DICKEY, WILLIAM ROBERT	4.2 NAME	JEFFREY FORBES	
STREET ADDRESS	8050 SEMINOLE MALL #228	4.3 STREET ADDRESS	10899 PARK BLVD	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	SEMINOLE, FL	
TITLE	TD	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	VARDY, HAROLD	5.2 NAME	VARDY, HAROLD	
STREET ADDRESS	7122 SEMINOLE BLVD	5.3 STREET ADDRESS	7122 SEMINOLE BLVD	
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP	SEMINOLE, FL	
TITLE	SD	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	SEBRING, BRAD	6.2 NAME	TIMOTHY SCHULER	
STREET ADDRESS	7905 SEMINOLE MALL	6.3 STREET ADDRESS	7843 SEMINOLE BLVD	
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	SEMINOLE, FL	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W.C.R. NICKSE, W.C.R. Nickse 2/15/95 392-3245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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