

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

STATE OF FLORIDA
ANNUAL REPORT

1995



DEPARTMENT OF STATE
JENNIFER A. MATHIAS
Secretary of State
TALLAHASSEE, FLORIDA 32304-0001
(904) 493-0001

APPROVED
AND
FILED

COMM - 1 MAY 95

DOCUMENT # F70386

(0)

1. Corporation Name

FIRST PRESERVATION CAPITAL, INC.

Principal Place of Business

2915 BANYAN BLVD CIR NW
BOCA RATON FL 33431
US

Mail Stop

2915 BANYAN BLVD CIR NW
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Organization

03/10/1982

3a. Date of Last Report

03/31/1994

2. Filing Office of the Report

21

2a. Filing Office

26

4. Filing Office

59-2167447

Applied For

Not Applicable

22. State of Florida

27. State of Florida

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contributions

☐

\$5.00 May Be
Added to Fees

24

25

29

30

7. This corporation has liability for intangible tax under S. 190.012,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEEN, BRIAN J
2915 BANYAN BLVD CIR NW
BOCA RATON FL 33431

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

City

84

State

FL

85

Zip Code

11. Pursuant to the provisions of Sections 190.012 and 190.013, Florida Statutes, this corporation hereby certifies the statement for the purpose of changing its registered office or registered agent in this report is true and correct and that it is authorized to change its registered office and agent. I hereby accept the appointment as registered agent. I am hereby accepted and accept the responsibility for the filing of this report.

SIGNATURE

12.

OFFICE OF THE SECRETARY OF STATE

13.

ADDITIONAL CHANGES TO OFFICE AND/OR REGISTERED AGENT

☐ Change ☐ Addition

NAME

PTD
SHEEN, BRIAN J
2915 BANYAN BLVD CIR NW
BOCA RATON FL

1. NAME

2. STREET ADDRESS

3. CITY

4. STATE

5. ZIP CODE

☐ Change ☐ Addition

NAME

6. NAME

7. STREET ADDRESS

8. CITY

9. STATE

10. ZIP CODE

☐ Change ☐ Addition

NAME

11. NAME

12. STREET ADDRESS

13. CITY

14. STATE

15. ZIP CODE

☐ Change ☐ Addition

NAME

16. NAME

17. STREET ADDRESS

18. CITY

19. STATE

20. ZIP CODE

☐ Change ☐ Addition

NAME

21. NAME

22. STREET ADDRESS

23. CITY

24. STATE

25. ZIP CODE

☐ Change ☐ Addition

NAME

26. NAME

27. STREET ADDRESS

28. CITY

29. STATE

30. ZIP CODE

☐ Change ☐ Addition

14. I do hereby certify that the information submitted with this filing is complete, true and correct and that I am duly qualified for the corporation stated in law (see 190.012, Florida Statutes). I further certify that the information submitted with this report is true and correct and that my signature shall have the same legal effect as if made under oath. That any officer or director of the corporation or the registered agent or person who caused the report to be prepared to sign the report as required by Chapter 190, Florida Statutes, and that any person appearing in Block 12 or Block 13 of this report is duly qualified to sign the report as required by Chapter 190, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 25, 1995 (407) 2413558