

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000000460 (4)**

1. Corporation Name
SEMI-MOUNTS, INC.



Principal Place of Business: **PO BOX 562 INDIAN ROCKS BEACH FL 34635**
Mailing Address: **PO BOX 562 INDIAN ROCKS BEACH FL 34635**

2. Principal Place of Business: **21 P.O. Box 1853**
Suite, Apt. #, etc.:
City & State: **23 DUNEDIN FL**
Zip: **24 34697** Country: **25 USA**
2a. Mailing Address: **26 P.O. Box 1853**
Suite, Apt. #, etc.:
City & State: **27 DUNEDIN FL**
Zip: **29 34697** Country: **30 USA**

3. Date Incorporated or Qualified: **01/27/1995** 3a. Date of Last Report
4. FEI Number: **25-1585328** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ALLEN, GLENN K P.A.
353 EAST FORSYTH ST.
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
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: *Art Keele*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: CVST	<input type="checkbox"/> DELETE	1.1 TITLE: VP, SEC TREAS VTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KEELE, ART		1.2 NAME: Keele ART
STREET ADDRESS: PO BOX 562 (N/A)		1.3 STREET ADDRESS: PO. Box 1853
CITY-ST-ZIP: INDIAN ROCKS FL 34635 →		1.4 CITY-ST-ZIP: DUNEDIN, FL 34697
TITLE: CP	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCRAE, DAVID		2.2 NAME:
STREET ADDRESS: 1618 MURDOCK ROAD		2.3 STREET ADDRESS:
CITY-ST-ZIP: PITTSBURG PA 15217		2.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:
STREET ADDRESS:		3.3 STREET ADDRESS:
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:
STREET ADDRESS:		4.3 STREET ADDRESS:
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:
STREET ADDRESS:		5.3 STREET ADDRESS:
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:
STREET ADDRESS:		6.3 STREET ADDRESS:
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Art Keele* **VP, Sec, TREAS.** **3-17-96** **813-733-9299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)