

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755710 (1)

1. Corporation Name

INDIAN ROCKS BEACH POST HOLDING CORPORATION, INC



Principal Place of Business

Mailing Address

1515 BAY PALM BLVD
P O BOX 1114
INDIAN ROCKS BEACH FL 346351515 BAY PALM BLVD
P O BOX 1114
INDIAN ROCKS BEACH FL 33785-1114

2. Principal Place of Business

2a. Mailing Address

21

26

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

3. Date Incorporated or Qualified

12/30/1980

3a. Date of Last Report

02/14/1996

4. FEI Number

56-6150993

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETENAME ~~WINCHUH, R. HERBERT~~
STREET ADDRESS ~~740 14TH AVE. S.W.~~
CITY-ST-ZIP ~~LARGO FL~~TITLE V ☐ DELETENAME GREGORY, R W
STREET ADDRESS 3500 GULF BLVD., APT. 214
CITY-ST-ZIP BELLEAIR BEACH FLTITLE SDV ☐ DELETENAME MORONI, KENNETH
STREET ADDRESS 310 10 AVENUE
CITY-ST-ZIP INDIAN ROCKS BCH. FLTITLE D ☐ DELETENAME MONASTRA, EDWIN J.
STREET ADDRESS 615 16TH ST. N.W.
CITY-ST-ZIP LARGO FLTITLE DS ☒ DELETENAME MORONI, KENNETH V.
STREET ADDRESS ~~310 10TH AVE~~
CITY-ST-ZIP INDIAN ROCKS BCH, FL 00000TITLE D ☐ DELETENAME KUMPF, MARGARET L.
STREET ADDRESS 9596 141ST ST N.
CITY-ST-ZIP LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition1.2 NAME PEDICONE, LEON
1.3 STREET ADDRESS 2304 BAY BLVD #A
1.4 CITY-ST-ZIP INDIAN ROCKS BCH, FL 337852.1 TITLE ☐ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE D ☒ Change ☐ Addition5.2 NAME HART, DONALD J.
5.3 STREET ADDRESS 456 HARBOR DR, NORTH
5.4 CITY-ST-ZIP INDIAN ROCKS BCH. FL 337856.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: *Kenneth V. Moroni* KENNETH V. MORONI

1-7-97

(813) 5951369

Date

Daytime Phone # 0052254

CR2E037 (9/96)