FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **243111** **(2)**

1. Corporation Name
PRESIDENTIAL MUSEUM INC

Principal Place of Business	Mailing Address
7931 COUNTY ROAD 772 P. O. BOX 120885 WEBSTER FL 33597 US	[redacted] P. O. BOX 120885 CLERMONT FL 34712-0885

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1960	3a. Date of Last Report: 06/03/1994
4. FEI Number: 59-1035133	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 PRESIDENTIAL MUSEUM
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 120885
City & State 23	City & State 28 CLERMONT, FL
Zip 24 / County 25	Zip 29 34712-0885 / County 30

9. Name and Address of Current Registered Agent

TOOLE, EVA RENA
7931 COUNTY ROAD 772
WEBESTER FL 33597

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 _____ DATE
(Signature, type(s) or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	EKIERT, A S	12 NAME		
STREET ADDRESS	953 5TH AVE	13 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 00000	14 CITY-ST-ZIP		
TITLE	PST	21 TITLE		☐ Change ☐ Addition
NAME	TOOLE, EVA RENA	22 NAME		
STREET ADDRESS	7931 COUNTY ROAD 772	23 STREET ADDRESS		
CITY-ST-ZIP	WEBSTER FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	TOOLE, EVA RENA	32 NAME		
STREET ADDRESS	7931 COUNTY ROAD 772	33 STREET ADDRESS		
CITY-ST-ZIP	WEBESTER FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	WILSON, CHARLES R., III	42 NAME	WILSON CHARLES R. III	
STREET ADDRESS	5902 MEMORIAL HIGHWAY - APT 1610	43 STREET ADDRESS	929 HIGHLAND TRAILS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	HENDERSON, NV. 89105	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eva Rena Toole April 27, 1995 904-429-2601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0376238 CP