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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **375671** **(5)**

1. Corporation Name
FIRST SARASOTA SERVICE CORPORATION

Principal Place of Business	Mailing Address
240 S. PINEAPPLE AVE. P.O. BOX 2776 SARASOTA FL 34230-2776	50 N LAURA ST. 9TH FLR MC 099-000-1830 JACKSONVILLE FL 32202-3664 US

3. Date Incorporated or Qualified: 01/18/1971
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 490 ROCKLEY BLVD.
22: Suite, Apt. #, etc:
23: City & State: VENICE, FL
24: Zip: 34293
25: Country: US

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-1379466 ☐ 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

GHOMESHI, MEHDI
50 N LAURA ST
MC 099-000-1830
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: JOHN W NELSON
82 Street Address (P.O. Box Number is Not Acceptable): 490 ROCKLEY BLVD
83:
84 City: VENICE FL 85 Zip Code: 34293

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: John W Nelson, PRES JOHN W. NELSON 4-7-97
(Signature, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GHOMESHI, MEHDI 50 N. LAURA ST. JACKSONVILLE FL 32202 ☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP JOHN W NELSON 490 ROCKLEY BLVD. VENICE FL 34293	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV STORY, DEBORAH 50 N. LAURA ST. JACKSONVILLE FL 32202 ☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DV THOMAS E. BROWN 490 ROCKLEY BLVD VENICE FL 34293	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSV KRAMER, WILLIAM 1000 CENTURY PARK DR. TAMPA FL ☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTV AKINS, ROY 1000 CENTURY PARK DR. TAMPA FL ☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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

SIGNATURE: John W Nelson, Pres JOHN W NELSON 4-7-97 941-954-8122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000056