

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 412941 (7)

1. Corporation Name
POE 1991, INC.



Principal Place of Business

Mailing Address

702 N FRANKLIN ST
STE 1700
TAMPA FL 33602
US

702 N FRANKLIN ST
TAMPA FL 33602

3. Date Incorporated or Qualified 11/16/1972
3a. Date of Last Report 05/01/1995

2. Principal Place of Business
21 401 E. Jackson Street
2a. Mailing Address
26 P.O. Box 1348

4. FEI Number 59-1439341
Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite 1700
Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 Tampa, FL
City & State
28 Tampa, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country
24 33602
25
Zip Country
29 33601
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LENFESTEY, LAUREL J
401 E. JACKSON STREET
STE 1700
TAMPA FL 33602

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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

Signature, typed 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 PD
NAME BROWN, J. HYATT
STREET ADDRESS 220 S. RIDGEWOOD AVENUE
CITY-ST-ZIP DAYTONA BEACH FL
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE VD
NAME GEER, BRUCE G.
STREET ADDRESS 702 N FRANKLIN ST
CITY-ST-ZIP TAMPA FL
☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME HENDERSON, JIM
STREET ADDRESS 220 S. RIDGEWOOD AVENUE
CITY-ST-ZIP DAYTONA BEACH FL
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☒ Addition

TITLE S
NAME LENFESTEY, LAUREL J
STREET ADDRESS 401 E. JACKSON STREET, STE 1700
CITY-ST-ZIP TAMPA FL
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME JORDAN, V.C., JR.
STREET ADDRESS 702 N FRANKLIN ST
CITY-ST-ZIP TAMPA FL
☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE T
NAME YOUNG, TIMOTHY L
STREET ADDRESS 220 S. RIDGEWOOD AVENUE
CITY-ST-ZIP DAYTONA BEACH FL
☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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: *Laurel J. Lefestey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

813-222-4277

Date

Daytime Phone #

CR2E034 (12/95)