

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 # 477435 (2)

1. Corporation Name

POINT O' VIEW, INC.



Principal Place of Business

410 BLANDING BLVD.
PINE TREE PLAZA
ORANGE PARK FL 32073

Mailing Address

410 BLANDING BLVD.
PINE TREE PLAZA
ORANGE PARK FL 32073

3. Date Incorporated or Qualified

06/05/1975

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

21 637 BLANDING BLVD.

Suite, Apt. #, etc.

22 SUITE 4 BOLTON PLACE

City & State

23 ORANGE PARK FL

Zip

24 32073

Country

25 CLAY

2a. Mailing Address

25 637 BLANDING BLVD.

Suite, Apt. #, etc.

27 SUITE 4 BOLTON PLACE

City & State

28 ORANGE PARK FL

Zip

29 32073

Country

30 CLAY

4. FEI Number

59-1615501

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

SANTORO, THOMAS C. ESQ
1700 WELLS ROAD, SUITE 5
ORANGE PARK FL 32073

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

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 D
NAME DRENGWITZ, HARRIET A
STREET ADDRESS 410 BLANDING BLVD.
CITY-ST-ZIP ORANGE PARK FL ☐ DELETE

TITLE P
NAME DRENGWITZ, HARRIET A.
STREET ADDRESS 2749 LEXINGTON DR.
CITY-ST-ZIP ORANGE PARK FL ☐ DELETE

TITLE V
NAME KING, DENISE
STREET ADDRESS 7835 NW 11TH ST.
CITY-ST-ZIP PLANTATION FL ☒ DELETE

TITLE S
NAME BARTHOLOMEW, MARLENE
STREET ADDRESS 2789 RICHARDS RD.
CITY-ST-ZIP ORANGE PARK FL ☒ DELETE

TITLE T
NAME DRENGWITZ, GLENN D.
STREET ADDRESS 2749 LEXINGTON DR.
CITY-ST-ZIP ORANGE PARK FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
1.2 NAME ROBERT E. DICKINSON
1.3 STREET ADDRESS 8350 MALAGA AVE
1.4 CITY-ST-ZIP ORANGE PARK FL 32073

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME WALTER VANCE
2.3 STREET ADDRESS 360 DUNSTON CT
2.4 CITY-ST-ZIP ORANGE PARK FL 32073

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

HARRIET A. DRENGWITZ 4/29/96 904-228-0566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)