

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 # 491700 (1)

1. Corporation Name

TRANS FLORIDA FINANCIAL CORP.

Principal Place of Business

2113 GULL LANE  
SAFETY HARBOR FL 34695

Mailing Address

2113 GULL LANE  
SAFETY HARBOR FL 34695



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

11/26/1975

3a. Date of Last Report

01/23/1995

4. FEI Number

59-1646772

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

LANGHOFF, WILLIAM H.  
2113 GULL LANE  
SAFETY HARBOR FL 34695

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME: SD  
LANGHOFF, DORTHY L.  
STREET ADDRESS: 2113 GULL LANE  
CITY-ST-ZIP: SAFETY HARBOR FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME: P/S/D  
LANGHOFF, DOROTHY L.  
1.3 STREET ADDRESS: SAME ADDRESS  
1.4 CITY-ST-ZIP: SAME ADDRESS

TITLE ☐ DELETE

NAME: PTD  
LANGHOFF, WILLIAM H.  
STREET ADDRESS: 2113 GULL LANE  
CITY-ST-ZIP: SAFETY HARBOR FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME: T/D  
LANGHOFF, WILLIAM H.  
2.3 STREET ADDRESS: SAME ADDRESS  
2.4 CITY-ST-ZIP: SAME ADDRESS

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 25, 1996

(813) 726-9325

Date

Daytime Phone #

CR2E034 (12/95)