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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

1990

(8)

DOCUMENT # 1. Corporation Name

SEMINOLE COMPLEX, INC.

Principal Place of Business

Mailing Address

10940 70TH AVENUE, NORTH SEMINOLE FL 34642 10940 70TH AVENUE. NORTH SEMINOLE EL 34642



SEMINOLE F	L 34042	SEMINOLE FL 34642						
					3. Date Incorporated or Qualified 10/25/1976	3a. Date o	f Last F 20/19	
	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21	H sta	26			59-1804146		Ш	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	·	City & State			Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
$Z \oplus Z \oplus$	Country	7 _I p	Cour	ntry	8. This corporation has liability for	intangible tax		
24	[25]	29	30			□ No		
	9. Name and Address of Curre	ent Hegistered Agent		81 Name	10. Name and Address of New R	legistered Ag	ent	
DADVEC	CADL C			Name				
	R, CARL G. Entral avenue		Ī	82 Street Addr	ress (P.O. Box Number is Not Acceptab	ole)		
				83				
SI. PEI	ersburg fl			•3				
			Ī	84 City		FI	85 Zi	p Code
11. Pursuant t	o the provisions of Sections 607 050	12 and 607 1508 Florido Statu	itae the abou	o named cores	ration submits this statement for the pur	<u> </u>		
or register	eo agent, or boin, in the State of Fig	mua. Such change was authori	ized by the ci	orporation's boar	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose or chang pintment as re	ging its i gistered	registered office Lagent. Lam
isetima, vait	Pi, and accept the obligations of, Se	овоп 607.0505, Florida Statute	es.					-
SIGNATURE	Stynishire, type flor printed name of registered age	int and the if accordable (N	OTL: Registered A	Agent signature required	d when renstations	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		IRECTO	8S IN 12
HELF	P	☐ DELETE	1. 1 1/1	'LE			Change	Addition
NAME	ARBOGAST, RALPH M.		1.2 NA	ME				
STREET ADDRESS	7380 111TH ST N.		1.3 STF	REET ADDRESS				
C 11 - S1 - Ze2	SEMINOLE FL		1.4 CiT	Y - S1 - ZIP				
1.105	ST	DELFTE	2 1 111	LE			Change	☐ Addition
NAM:	ARBOGAST, LAURA			100				
	,		2 2 NA	N.C				
STREET ADDRESS	7380 111TH ST. NORTH			REET ADDRESS				
CITY ST ZIF	7380 111TH ST. NORTH SEMINOLE FL		2 3 STF	·				
CHY-ST ZIF		DELETE	2 3 STF	REET ADDRESS Y-S1-ZIP			Change	Addition
CITY ST ZIF TILE NAME		[] DELETE	2 3 STF 2 4 CIT	REET ADDRESS Y-S1-ZIP LE			Change	Addition
CIFY ST ZIP TILLE NAME STREET ATCRESS		[] DELETE	23 STF 24 CIT 3 1 TIT 32 NAV	REET ADDRESS Y-S1-ZIP LE			Change	Addition
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4. 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 call; that I arn 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 charged, or on an attachment with an address.

SIGNATURE

KAL FICER OR DIRECTOR 1 M. ARBOGAST 2/16/9

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