

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 # 533407 (3)

1. Corporation Name  
RESOP, INC.



Principal Place of Business

8041 BLIND PASS ROAD  
ST. PETERSBURG FL 33706

Mailing Address

8041 BLIND PASS ROAD  
ST. PETERSBURG FL 33706

3. Date Incorporated or Qualified  
05/10/1977

3a. Date of Last Report  
01/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
59-1765646

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

10. Name and Address of New Registered Agent

RESOP, W. PAUL  
8041 BLIND PASS ROAD  
ST. PETERSBURG BEACH FL 33706

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

*W. Paul Resop*

Signature, type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

*Jan 15 1996*

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME  
RESOP, W. PAUL  
STREET ADDRESS  
8041 BLIND PASS ROAD  
CITY - ST - ZIP  
ST. PETE BEACH FL

1.2 TITLE

NAME  
RESOP, PAUL W II  
STREET ADDRESS  
8041 BLIND PASS ROAD  
CITY - ST - ZIP  
ST. PETERSBURG FL

1.3 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.7 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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:

*W. Paul Resop*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 15 1996*  
Date

*8133604079*  
Daytime Phone #

CR2E034 (12/95)