

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 # **540762** (2)

1. Corporation Name

CHARLES SIROVY, INC.



Principal Place of Business

Mailing Address

**2502 GULF DRIVE NORTH
BRADENTON BEACH FL 34217**

**PO BOX 180
BRADENTON BEACH FL 34217
US**

2. Principal Place of Business

21 **5708 HOLMES BLVD.**

Suite, Apt. #, etc.

22

City & State

23 **HOLMES BEACH**

Zip

24 **34217**

Country

25 **MANATEE**

2a. Mailing Address

26 **5708 HOLMES BEACH**

Suite, Apt. #, etc.

27

City & State

28 **HOLMES BEACH**

Zip

29 **34217**

Country

30 **MANATEE**

9. Name and Address of Current Registered Agent

**SIROVY, CHARLES
2502 GULF DRIVE NORTH
BRADENTON BEACH FL 33510**

3. Date Incorporated or Qualified

06/27/1977

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1748749

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

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 **CHARLES SIROVY PRES.**

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE

NAME **SIROVY, CHARLES**
STREET ADDRESS **2502 GULF DRIVE NORTH**
CITY-ST-ZIP **BRADENTON BCH FL**

TITLE **D** ☐ DELETE

NAME **SIROVY, CHARLES**
STREET ADDRESS **2502 GULF DRIVE NORTH**
CITY-ST-ZIP **BRADENTON BCH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **5708 HOLMES BLVD**
1.4 CITY-ST-ZIP **HOLMES BEACH 34217**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **5708 HOLMES BLVD**
2.4 CITY-ST-ZIP **HOLMES BEACH 34217**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES SIROVY PRES.

Per. 4/28/96

Daytime Phone # **(941) 338-5152**

CR2E034 (12/95)