

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -6 AM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **632624** (3)

1. Corporation Name
STEPHEN C. POMEROY, INC.

Principal Place of Business Mailing Address
3131 SW 13TH DR DEERFIELD BCH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/13/1979** 3a. Date of Last Report **02/16/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 30

4. FEI Number **59-1934543** 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

**POMEROY, STEPHEN C.
2900 NE 33 ST
LIGHTHOUSE PT FL 33064**

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 of the president, principal officer, registered agent and the filer (if applicable) (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME POMEROY, STEPHEN C.
STREET ADDRESS 2900 NE 33 ST
CITY ST ZIP LIGHTHOUSE PT FL

TITLE ST
NAME POMEROY, MARILYN M.
STREET ADDRESS 2900 NE 33 ST
CITY ST ZIP LIGHTHOUSE PT FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY ST ZIP

2 1 TITLE Change Addition
2 2 NAME **V MATTHEW A. DIGENNARO**
2 3 STREET ADDRESS **21070 SWEETWATER LANE NORTH**
2 4 CITY ST ZIP **BOCA RATON, FL 33428**

3 1 TITLE Change Addition
3 2 NAME **ST RONALD L. POMEROY**
3 3 STREET ADDRESS **2641 NE 43RD STREET**
3 4 CITY ST ZIP **LIGHTHOUSE POINT, FL 33064**

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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of this statement, or on an attachment with an address.

SIGNATURE: 3-31-95 305427.0705
Signature AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR Date (Signature)