

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 AUG -3 AM 10:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 650763

(6)

1. Corporation Name

TOM PINSON, INC.

Principal Place of Business

Mailing Address

7001 S. TAMiami TRAIL
SARASOTA FL 34231

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SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/31/1979

3a. Date of Last Report

06/22/1994

4. FEI Number

59-2022698

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

2. Principal Place of Business

2a. Mailing Address

21 1401 Kenilworth St
Sarasota, FL 34231

26 Same
Sarasota, FL 34231

22 City & State
SARASOTA FL

27 City & State
SARASOTA FL

23 Zip
34231

28 Zip
34231

24 Country
USA

29 Country
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINSON, TOM
7001 SOUTH TAMiami TRAIL
SARASOTA FL 33581

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 then if applicable:

(Signature) Registered Agent signature required when renewing:

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	PINSON, THOMAS E
STREET ADDRESS	1401 KENILWORTH ST
CITY, ST, ZIP	SARASOTA FL
TITLE	SD
NAME	PINSON, CHRISTINE W.
STREET ADDRESS	1401 KENILWORTH ST
CITY, ST, ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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)(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 if changed. I am attaching with an address:

SIGNATURE:

(Signature) Typed or printed name of signing officer or director

TOM PINSON Pres

7/27/95 941-9227400
Signature Page 2