

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 # 691633 (2)

1. Corporation Name

SOMERSET EQUITIES CORP.



Principal Place of Business

2 EATON STREET, SUITE #1100
HAMPTON VA 23669

Mailing Address

2 EATON STREET, SUITE #1100
HAMPTON VA 23669

3. Date Incorporated or Qualified
06/23/1981

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2184355

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, M. JEROME
4620 N. STATE RD. 7
FT. LAUDERDALE FL 33319

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 607.0602 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 date of appointment

Signature, typed or printed name of new registered agent, and date of appointment

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME JOSEPH, EDWIN A
STREET ADDRESS 2 EATON STREET #1100
CITY-STATE-ZIP HAMPTON VA

TITLE VP ☒ DELETE
NAME JOESPH, JAMES R
STREET ADDRESS 2 EATON ST., SUITE 1100
CITY-STATE-ZIP HAMPTON VI

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME S. ☐ Change ☒ Addition
2 NAME Byrne, Joseph P.
3 STREET ADDRESS 2 Eaton Street, Suite 1100
4 CITY-STATE-ZIP Hampton, VA.

2 NAME Assistant Secretary ☐ Change ☒ Addition
3 STREET ADDRESS Allen, Kenneth L.
4 CITY-STATE-ZIP 2 Eaton Street, Suite 1100
Hampton, VA.

3 NAME ☐ Change ☐ Addition
4 STREET ADDRESS
5 CITY-STATE-ZIP

4 NAME ☐ Change ☐ Addition
5 STREET ADDRESS
6 CITY-STATE-ZIP

5 NAME ☐ Change ☐ Addition
6 STREET ADDRESS
7 CITY-STATE-ZIP

6 NAME ☐ Change ☐ Addition
7 STREET ADDRESS
8 CITY-STATE-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

4-8-96

(804) 722-5211

CR2E034 (12/95)