

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 700383 (3)**

1. Corporation Name

**FLORIDA KNOTHEADS, INC.**



Principal Place of Business

**3401 N TALIAFERRO AVE  
P.O. BOX 7178  
TAMPA FL 33603**

Mailing Address

**3401 N TALIAFERRO AVE  
P.O. BOX 7178  
TAMPA FL 33603**

3. Date Incorporated or Qualified  
**02/01/1960**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

4. FEI Number  
**59-1026580**

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

**SPRINGER, ART  
3401 N TALIAFERRO AVE  
TAMPA FL 33603**

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PC** ☐ DELETE  
NAME **MACK, ED**  
STREET ADDRESS **46 DOGWOOD CT.**  
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE **VD** ☒ DELETE  
NAME **MARTIN, MARTY**  
STREET ADDRESS **4402 BOOT BAY RD**  
CITY-ST-ZIP **PLANT CITY FL**

TITLE **TD** ☐ DELETE  
NAME **SPRINGER, ART**  
STREET ADDRESS **3401 N TALIAFERRO AVE**  
CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☐ DELETE  
NAME **SPRINGER, MARTHA**  
STREET ADDRESS **3401 N TALIAFERRO AVE**  
CITY-ST-ZIP **TAMPA FL**

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  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **VP/T**  
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 **D**  
5.3 STREET ADDRESS **SAUNDERS, JOHN**  
5.4 CITY-ST-ZIP **101 CEDAR DUNES**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **D**  
6.3 STREET ADDRESS **LINDA SAUNDERS**  
6.4 CITY-ST-ZIP **NEW SMYRNA BCH FL 32169**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, checked, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ART SPRINGER**

**04/28/96 813-223-1955**

Date

Daytime Phone #

CR2E037 (12/95)