FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704270 (8)

1. Corporation Name

SARASOTA COUNTY SHERIFF'S MOUNTED PATROL, INC.

Principal Place of Business	Mailing Address
2000 MAIN STREET P. O. BOX 272 SARASOTA FL 34230-7272	2000 MAIN STREET P. O. BOX 272 SARASOTA FL 34230-7272

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1962
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-1628817 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHIRLING, RANDOLPH
1611 PECAN ST.
NOKOMIS FL 34275

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	P	☒ Change ☐ Addition
NAME	SHERLING, RANDOLPH	1.2 NAME	FARLEY, STEVE	
STREET ADDRESS	1611 PECAN ST.	1.3 STREET ADDRESS	152 ROBERTS RD.	
CITY-ST-ZIP	NOKOMIS FL	1.4 CITY-ST-ZIP	NOKOMIS, FL	
TITLE	S	2.1 TITLE	S	☒ Change ☐ Addition
NAME	SUTTON, GREG	2.2 NAME	PENHALE, MICHAEL	
STREET ADDRESS	ALLIGATOR DR	2.3 STREET ADDRESS	320 CROSBY CT.	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	D	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	FARLEY, BONNIE	3.2 NAME	RODGERS, STEPHEN	
STREET ADDRESS	152 ROBERTS RD	3.3 STREET ADDRESS	7198 WESTWOOD WAY	
CITY-ST-ZIP	NOKOMIS FL	3.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	P	4.1 TITLE	O	☒ Change ☐ Addition
NAME	FARLEY, STEVE	4.2 NAME	MITCHELL, TIMOTHY	
STREET ADDRESS	152 ROBERTS RD.	4.3 STREET ADDRESS	4040 VANA DR.	
CITY-ST-ZIP	NOKOMIS FL	4.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	D	5.1 TITLE	O	☐ Change ☐ Addition
NAME	PENHALE, MICHAEL	5.2 NAME	SHERLING, RANDOLPH	
STREET ADDRESS	320 CROSBY COURT	5.3 STREET ADDRESS	3433 CORONADO DR #1704	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: Stephen D. Rodgers 02-22-95 951-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063110