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
1995 MAR 30 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716243 (1)

1. Corporation Name
THE FLORIDA STATE WATCHMAKERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6009 BAMBOO DR. FT. PIERCE FL 34982	6009 BAMBOO DR. FT. PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1969
3a. Date of Last Report: 04/25/1994
4. FEI Number: 23-7368901 ☐ 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 3038 PINETREE ST	26 3038 PINETREE ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PORT CHARLOTTE, FL	City & State 28 PORT CHARLOTTE FL
Zip 24 33952 Country 25	Zip 29 33952 Country 30

9. Name and Address of Current Registered Agent

LIEBMAN, SYDNEY
6009 BAMBOO DR.
FT. PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name: ROSE RENNERT
82 Street Address (P.O. Box Number is Not Acceptable): 3038 PINETREE ST
83
84 City: PORT CHARLOTTE FL 85 Zip Code: 33952

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: Rose Rennert ROSE RENNERT, EXEC SEC. 1/13/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRES. ☑ Change ☐ Addition
NAME	MAGGARD, DOUG JR.	12 NAME	RENNERT, AARON M
STREET ADDRESS	P.O. BOX 111 N/A	13 STREET ADDRESS	3038 PINETREE ST.
CITY-ST-ZIP	MANGO FL	14 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	V	21 TITLE	VICE PRES. ☑ Change ☐ Addition
NAME	TOPE, ERNEST	22 NAME	DIETEL, RIK
STREET ADDRESS	15814 SPRING CREST CIR.	23 STREET ADDRESS	13720 87TH PL N.
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	SEMINOLE FL 34646
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	MEADORS, RALPH	32 NAME	RALPH MEADORS
STREET ADDRESS	1419 ALWYNNE DR. S.	33 STREET ADDRESS	1419 ALWYNNE DR S
CITY-ST-ZIP	LEHIGH ACRES FL 33936	34 CITY-ST-ZIP	LEHIGH ACRES, FLA 33936
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	POLACHEK, BART	42 NAME	100001444651
STREET ADDRESS	4352 DAUBERT ST.	43 STREET ADDRESS	-03/31/95--01027--002
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DIETEL, RIK	52 NAME	
STREET ADDRESS	13720 87 PLACE N.	53 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	MGR. D ☑ Change ☐ Addition
NAME	HUTTER, GERNARD	62 NAME	MAGGARD, DOUG N/A
STREET ADDRESS	233 PERUVIAN AVE.	63 STREET ADDRESS	P.O. BOX 111
CITY-ST-ZIP	PALM BEACH FL	64 CITY-ST-ZIP	MANGO, FL 33550

gmb 3-30

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: Aaron M Rennert AARON M. RENNERT 2/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

813-627-9004

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