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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 3:55

DOCUMENT # 727540 (7)

1. Corporation Name
VETERANS HOLDING COMPANY OF SARASOTA, INC.

Principal Place of Business	Mailing Address
2445 FRUITVILLE ROAD POST OFFICE BOX 35 SARASOTA FL 34230	2445 FRUITVILLE ROAD POST OFFICE BOX 35 SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1973
3a. Date of Last Report: 01/27/1994
4. FEI Number: 23-7249423 ☐ 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

MANN, DONALD
4212 CHARDON WAY
SARASOTA FL 34232

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City FL 35 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 DONALD MANN D/S/T Donald Mann 1/18/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	☐ Change ☐ Addition
NAME	MANN, DONALD	1.2 NAME	
STREET ADDRESS	4212 CHARDON WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	STUBBLEFIELD, FRANK	2.2 NAME	
STREET ADDRESS	2256 HYDE PARK	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	DURHAM, JAMES	3.2 NAME	
STREET ADDRESS	4687 WATKINS AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	
~~TITLE~~	~~VD~~	4.1 TITLE	V/D ☒ Change ☐ Addition
~~NAME~~	~~DIXON, BOSTON~~	4.2 NAME	KERMIT ALVIS
~~STREET ADDRESS~~	~~2901 NEW ENGLAND ST~~	4.3 STREET ADDRESS	216 OAKWOOD BLVD.
~~CITY-ST-ZIP~~	~~SARASOTA, FL 00000~~	4.4 CITY-ST-ZIP	SARASOTA, FL. 34237
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, DAVE	5.2 NAME	
STREET ADDRESS	4327 LONGMEADOW DRI	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, JAMES	6.2 NAME	
STREET ADDRESS	2016 16TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDENTON FL	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: Donald Mann 1/18/95 (813-371-0767)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DONALD MANN

0085103