

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 # 750934 (2)

1. Corporation Name

THE ED SALMON FLORIDA STRING BAND, INC



Principal Place of Business

Mailing Address

9373 NORTHCLIFF BLVD.
SPRING HILL FL 34606

9373 NORTHCLIFF BLVD.
SPRING HILL FL 34606

3. Date Incorporated or Qualified

02/04/1980

3a. Date of Last Report

01/31/1995

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

4. FEI Number

59-2012025

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

FICO, SAL
9373 NORTHCLIFF BLVD.
SPRING HILL FL

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 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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BEHRENDT, HARVEY
7208 WINDSOR MILL RD
PORT RICHEY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
HARRINGTON, RUTH
12508 HOLLYBROOK LN
HUDSON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PT
FICO, SAL
9373 NORTHCLIFF BLVD.
SPRING HILL FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DENTICE, ALEX
7130 ROCKWOOD DR W
PORT RICHEY FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
SEEWALD, CHARLES
8480 DIRLENTON WAY
BROOKSVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BALISTRERI, PETER
2407 COVINGTON AVENUE
SPRING HILL FL 34608

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

Sal Fico

Sal Fico - Pres & Treas

1-20-96 (904) 683-3849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)