

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750934
1. Corporation Name
**THE ED. SALMON FLORIDA
STRING BAND, INC.**

Principal Place of Business Mailing Address
**3226 WINDJAMMER DR. SAME
SPRING HILL, FL 34607**

3. Date Incorporated or Qualified **LAST REPORT**
02/04/1980-2-11-1997
4. FEI Number **59-2012025**
Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**FICO SAL
3226 WINDJAMMER, DR
SPRING HILL, FL 34607**

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	
TITLE	<input type="checkbox"/> DELETE
NAME	P FICO, SAL
STREET ADDRESS	3226 WINDJAMMER, DR.
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	<input type="checkbox"/> DELETE
NAME	VP ALVIN, LEBAS
STREET ADDRESS	9555 RIVER RD.
CITY-ST-ZIP	SPRING HILL FL 34606
TITLE	<input type="checkbox"/> DELETE
NAME	S BEHRENDT, MILLIE
STREET ADDRESS	7208 WINSOR MILL RD.
CITY-ST-ZIP	PORT RICHEY FL 34667
TITLE	<input type="checkbox"/> DELETE
NAME	T FICO, SAL
STREET ADDRESS	3226 WINDJAMMER DR.
CITY-ST-ZIP	SPRING HILL FL 34607
TITLE	<input type="checkbox"/> DELETE
NAME	D BEHRENDT, HARVEY
STREET ADDRESS	7208 WINDSOR MILL RD.
CITY-ST-ZIP	PORT RICHEY 34667
TITLE	<input type="checkbox"/> DELETE
NAME	D BALISTRERI, PETER
STREET ADDRESS	2407 COVINGTON AVE.
CITY-ST-ZIP	SPRING HILL FL 34608

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D JOE YOUN PLESH
1.3 STREET ADDRESS	7440 1ST CIRCLE DR.
1.4 CITY-ST-ZIP	BROOKSVILLE FL 34613
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300002444263
6.3 STREET ADDRESS	-03/02/98--01053--028
6.4 CITY-ST-ZIP	***75.00

14. I hereby certify that the information supplied with this filing 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: **SAL FICO** *SAL FICO* Pres & TREAS. 2-19-98 (352) 683-3849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)