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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750934

1. Corporation Name

THE ED SALMON FLORIDA STRING BAND, INC

Principal Place of Business

3226 WINDJAMMER DR
SPRING HILL FL 34607

Mailing Address

3226 WINDJAMMER DR
SPRING HILL FL 34607



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/04/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2012025

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FICO, SAL

3226 WINDJAMMER DR
SPRING HILL FL 34607

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BEHRENDT, HARVEY
STREET ADDRESS 7208 WINDSOR MILL RD
CITY-ST-ZIP PORT RICHEY FL 34667

DELETE

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

D
BILL SCHOENTHALER
10504 Dianthus Lane
Port Richey, FL 34668

Change Addition

TITLE S
NAME BEHRENDT, MILLIE
STREET ADDRESS 7208 WINDSOR MILL RD
CITY-ST-ZIP PORT RICHEY FL 34667

DELETE

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

D
ALEX DENTIEE
7130 Rockwood Dr. W
Port Richey, FL 34668

Change Addition

TITLE PT
NAME FICO, SAL
STREET ADDRESS 3226 WINDJAMMER DR
CITY-ST-ZIP SPRING HILL FL 34607

DELETE

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

Change Addition

TITLE D
NAME BALISTRERI, PETER
STREET ADDRESS 2407 COVINGTON AVE
CITY-ST-ZIP SPRING HILL FL 34608

DELETE

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

Change Addition

TITLE VP
NAME ALVIN, LEBAS
STREET ADDRESS 9555 RIVER RD
CITY-ST-ZIP SPRINGHILL FL 34606

DELETE

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

Change Addition

TITLE D
NAME YOUNFLESH, JOE
STREET ADDRESS 7440 1ST CIR. DR.
CITY-ST-ZIP BROOKSVILLE FL 34613

DELETE

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

Change Addition

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, with all other like empowered.

SIGNATURE: SALSIFINO TOIRE P. Balistreri Pres + Treas. 1-5-99 (352) 683-3849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)