

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 AM 9:55

DOCUMENT # 751700 (6)

1. Corporation Name

SEVENTIETH SOMERSET PLACE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1300-1616 70TH ST., NO.
ST PETERSBURG FL 33710
US

Mailing Address

P.O. BOX 41383
ST. PETERSBURG FL 33743-1383
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1980

3a. Date of Last Report

06/28/1994

4. FEI Number

59-1822316

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)

☐

\$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 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

EUSE CRAIG A
1382 70TH ST N
ST PETERBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

Dellor C. HANSON

82 Street Address (P.O. Box Number is Not Acceptable)

P.O. 1506 70 ST N

83

St. Petersburg

84 City

FL

85 Zip Code

33710

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 *Dellor C. Hanson*

President

4-25-95

DATE

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	EUSE, CRAIG
STREET ADDRESS	1382 70 ST N
CITY - ST - ZIP	ST. PETERSBURG, FL 0
TITLE	D
NAME	JOHNSON, CHARLES
STREET ADDRESS	1386 70 ST N
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	PO
NAME	WALKER, CHARLES
STREET ADDRESS	1420 70TH ST., NO.
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	D
NAME	FOLEY, TERRY
STREET ADDRESS	1482 70 ST N
CITY - ST - ZIP	ST PETERSBURG, FL 00000
TITLE	VS
NAME	HANSON, DELLOR
STREET ADDRESS	1506 70TH ST., NO.
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	D
NAME	BURNES, JOHN
STREET ADDRESS	1370 70TH ST., NO.
CITY - ST - ZIP	ST PETERSBOURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<i>Barbara Desinas</i>	☒ Change ☒ Addition
12 NAME	<i>1514 70 ST N</i>	
13 STREET ADDRESS	<i>St. Petersburg, FL 33710</i>	
14 CITY - ST - ZIP		
21 TITLE	<i>D Dwight Moody</i>	☐ Change ☒ Addition
22 NAME	<i>1506 70 ST N</i>	
23 STREET ADDRESS	<i>St. Petersburg, FL 33710</i>	
24 CITY - ST - ZIP		
31 TITLE	<i>V.P.</i>	☒ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	<i>Robert A Salamine</i>	☐ Change ☒ Addition
42 NAME	<i>1308 70 ST N</i>	
43 STREET ADDRESS	<i>St Petersburg, FL 33710</i>	
44 CITY - ST - ZIP		
51 TITLE	<i>PRES.</i>	☒ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☒ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(3)(b), 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: *Dellor C. Hanson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95

53-345-8406

DATE

TELEPHONE NUMBER