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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 FEB -3 PM 1:49

DOCUMENT # 755710 (1)

1. Corporation Name

INDIAN ROCKS BEACH POST HOLDING CORPORATION, INC

Principal Place of Business	Mailing Address
1515 BAY PALM BLVD P O BOX 1114 INDIAN ROCKS BEACH FL 34635	1515 BAY PALM BLVD P O BOX 1114 INDIAN ROCKS BEACH FL 34635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1980
3a. Date of Last Report: 03/15/1994
4. FEI Number: 56-6150993 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PEDICONE, LEON
~~2515 BAY BLVD C~~ 2304 BAY BLVD #A
INDIAN ROCKS BCH. FL 34635

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	WINCHUH, R. HERBERT	1.2 NAME	
STREET ADDRESS	710 14TH AVE. S.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	VOLLRATH, RUDOLPH	2.2 NAME	
STREET ADDRESS	307 16TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCK BCH FL	2.4 CITY-ST-ZIP	
TITLE	SDV	3.1 TITLE	☐ Change ☐ Addition
NAME	MORONI, KENNETH	3.2 NAME	
STREET ADDRESS	310 10 AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BCH. FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MONASTRA, EDWIN J.	4.2 NAME	
STREET ADDRESS	615 16TH ST. N.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	☐ Change ☐ Addition
NAME	MORONI, KENNETH V.	5.2 NAME	
STREET ADDRESS	310 10TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN RCKS BCH, FL00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	KUMPF, MARGARET L.	6.2 NAME	
STREET ADDRESS	9596 141ST ST N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO 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: Kenneth V. Moroni Kenneth V. Moroni 813-595-1369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000700