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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F32080

(6)

1. Corporation Name
GUIDANCE FINANCIAL CORPORATION

Principal Place of Business

9376 88TH STREET
VERO BEACH FL 32967

Mailing Address

PO BOX 8081
VERO BEACH FL 32963-8081

3. Date Incorporated or Qualified
04/24/1981

3a. Date of Last Report
10/28/1996

2. Principal Place of Business

21 253 Florida Ave
Suite, Apt #, etc.

2a. Mailing Address

26 P.O. Box 3467
Suite, Apt #, etc.

4. FEI Number
59-2261744

☒ Applied For
☐ Not Applicable

22 City & State

23 Ft. Pierce, FL
Zip Country

27 City & State

28 Ft. Pierce, FL
Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 34948

25 USA

29 34948

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MYERS, PETE
9376 88TH STREET
VERO BEACH FL 32967

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 Pete Myers, President

4/16/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PD
STREET ADDRESS MYERS, PETE
CITY-ST-ZIP 9376 88TH STREET
VERO BEACH FL 32967

TITLE ☐ DELETE
NAME SD
STREET ADDRESS MYERS, KATHLEEN
CITY-ST-ZIP 9376 88TH STREET
VERO BEACH FL 32967

TITLE ☒ DELETE
NAME V
STREET ADDRESS TESSEO, SCOTT
CITY-ST-ZIP 2057 SUSSET LANE
PORT ST LUCIE FL 34994

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Tesseo, Scott
3.3 STREET ADDRESS 2518 SE Anchorage, Apt C-1
3.4 CITY-ST-ZIP Port St. Lucie, FL 34952

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

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

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

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Kathleen Myers Kathleen Myers, Secretary 4/16/97 (561) 460-6211

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)