

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 PM 12: 12

DOCUMENT # F94000005548 (2)

1. Corporation Name

MEXSANO CORPORATION

Principal Place of Business

P.O. BOX 47512
ST. PETERSBURG FL 33743-7512

Mailing Address

P.O. BOX 47512
ST. PETERSBURG FL 33743-7512

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/26/1994

3a. Date of Last Report

2. Principal Place of Business

21 4707 140th Ave N

2a. Mailing Address

26 4707 140th Ave N

4. FEI Number

58-2103721

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 310

Suite, Apt. #, etc.

27 Suite 310

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Clearwater, FL

City & State

28 Clearwater, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip Country

24 34622 25 USA

Zip Country

29 34622 30

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

9. Name and Address of Current Registered Agent

OLSETH, JEFF
1417 74TH CIR., N.E.
ST. PETERSBURG FL 33702

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME OLSETH, JEFFRY
STREET ADDRESS 1417 74TH CIR., N.E.
CITY - ST - ZIP ST. PETERSBURG FL 33702

TITLE ST
NAME BARTOLO, CORA
STREET ADDRESS 8529 81ST WAY, NORTH
CITY - ST - ZIP SEMINOLE FL 34647

TITLE D
NAME BANKS, WHIT
STREET ADDRESS 1530 E. BROOK DR.
CITY - ST - ZIP SARASOTA FL 34231

TITLE D
NAME MARTIN, DAVID
STREET ADDRESS 3195 HARMS WAY
CITY - ST - ZIP SNELLVILLE GA 30278

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Jeffrey C. Olseth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey C. Olseth 5/22/95 313
524-6303
(Date) (Initial Issue #)