

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G43954 (8)

1. Corporation Name

P.O.B. DEVELOPMENT CORPORATION

Principal Place of Business

**2111 GLENWOOD DR.
STE. #202
WINTER PARK FL 32792**

Mailing Address

**2111 GLENWOOD DR.
STE. #202
WINTER PARK FL 32792**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/15/1983

3a. Date of Last Report
07/05/1994

2. Principal Place of Business
21 1870 Aloma Avenue

2a. Mailing Address
26 P.O. Box 2647

4. FEI Number
59-2328838

Applied For
☐ Not Applicable

21 Suite, Apt. #, etc.
22 Suite 200

26 Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State

23 Winter Park, Florida,

City & State

25 Winter Park, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip

24 32789

Country

25 U.S.

Zip

26 32790-2647

Country

30 U.S.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ASHMORE, PATRICIA M
2111 GLENWOOD DR.
STE. #202
WINTER PARK FL 32792**

81 Name **Patricia M. Ashmore**

82 Street Address (P.O. Box Number is Not Acceptable)
1870 Aloma Avenue

83 **Suite 200**

84 City **Winter Park,**

FL

85 Zip Code
32789

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

Patricia M. Ashmore

Patricia M. Ashmore, President

4/26/95

(Signature must be printed for use of registered agent and the 4 attestations)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
SWEDISH, JOSEPH R.
200 N LAKEMONT AVE
WINTER PARK FL 32792**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**TD
EVANS, DAVID L
P.O. BOX 460 N/A
OVIDO FL 32765**

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
**TSD
David L. Evans
100 Broadway
Oviedo, FL 32765**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**CD
BUILDER, J LINDSAY JR
390 NO ORANGE AVE, STE 1300
ORLANDO FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
LOWNDES, JOHN F
215 N. EOLA DRIVE
ORLANDO FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
JONES, WAYNE J
6005 VENTURE CIRCLE
ORLANDO FL 32807**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**V
ASHMORE, PATRICIA M
2111 GLENWOOD DR., #202
WINTER PARK FL 32792**

61 TITLE ☒ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP
**PD
Patricia M. Ashmore
1870 Aloma Avenue, Suite 200
Winter Park, FL 32789**

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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 or Block 14 or Block 15 or in an attachment with an address.

SIGNATURE:

Patricia M. Ashmore

Patricia M. Ashmore, Pres.

4/26/95

(407) 644 2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR