

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

APPROVED
AND
FILED

95 APR 18 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G77789**

(7)

1. Corporation Name

POST & ASSOCIATES, INC.

Principal Place of Business

**174B SEMORAN COMMERCE PLACE SUITE 123
APOPKA FL 32703**

Mailing Address

**174B SEMORAN COMMERCE PLACE SUITE 123
APOPKA FL 32703**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1984

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2358744

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

8. This corporation has liability for intangible tax under S. 199.022,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 174A Semoran Commerce

2a. Mailing Address

26 174A Semoran Commerce

Suite, Apt. #, etc.

PL.

Suite, Apt. #, etc.

PL.

22 **104**

27 **104**

City & State

23 APOPKA, FL

City & State

28 APOPKA, FL

Zip

24 32703

County

25 Orange

Zip

29 32703

County

30 Orange

9. Name and Address of Current Registered Agent

**POST, RICHARD W.
203 CHURCHILL DR.
LONGWOOD FL 32779**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 of the person named as registered agent and the corporation

(201) Registered Agent (signature required when appointing)

(201)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	POST, RICHARD W.
STREET ADDRESS	203 CHURCHILL DR.
CITY, ST, ZIP	LONGWOOD FL
TITLE	S
NAME	POST, MARGARET E.
STREET ADDRESS	203 SHURCHILL DR.
CITY, ST, ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I 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)(d), Florida Statutes. I further certify that the information included 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 register 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret E. Post

Sect. Treasurer 4-13-95

Signature Required

407-889-9750