

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H61778

1. Corporation Name

B.F.S.B. FINANCIAL SERVICES, INC.

Principal Place of Business

**5537 SHELDON RD
STE. D
TAMPA FL 33615
US**

Mailing Address

**P O BOX 31125
STE. D
TAMPA FL 33631-3125
US**

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90007 007 *****8.75

03-17-1999 90007 008 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1985

4. FEI Number

59-2811193

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YOUNG, RONALD A
5537 SHELDON ROAD, STE. D
STE. D
TAMPA FL 33615**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **NERNBERG, A. RICHARD**
STREET ADDRESS **5537 SHELDON RD., STE. D**
CITY-ST-ZIP **TAMPA FL**

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

TITLE **PD** ☐ DELETE
NAME **YOUNG, RONALD A.**
STREET ADDRESS **5537 SHELDON RD., SUITE D**
CITY-ST-ZIP **TAMPA FL**

21 TITLE **EXEC. VP/D** ☒ Change ☐ Addition
22 NAME **YOUNG, RONALD A.**
23 STREET ADDRESS **5537 SHELDON RD., SUITE D**
24 CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **VPT** ☒ DELETE
NAME **STANLEY, DANA S.J.**
STREET ADDRESS **5537 SHELDON RD, SUITE D**
CITY-ST-ZIP **TAMPA FL**

31 TITLE **VPT** ☒ Change ☐ Addition
32 NAME **BEITELSHEES, KERWIN L.**
33 STREET ADDRESS **5537 SHELDON RD, SUITE D**
34 CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **S** ☐ DELETE
NAME **SOWRY, BRENDA**
STREET ADDRESS **5537 SHELDON RD., STE D**
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE **PD** ☐ Change ☒ Addition
52 NAME **LISZKA, JOHN**
53 STREET ADDRESS **5537 SHELDON RD, SUITE D**
54 CITY-ST-ZIP **TAMPA, FL 33615**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD A. YOUNG EXEC. V.P.

1/4/99 813-886-5626

Date

Daytime Phone #

CR2E034 (1/98)