FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 07 1996 8:00 am
Secretary of State

DOCUMENT # **H65089** **(5)**

1. Corporation Name

1700, INC.

Principal Place of Business	Mailing Address
% CARL K. LAMBRECHT 1700 9TH STREET., N. #A ST. PETERSBURG FL 33704	% CARL K. LAMBRECHT 1700 9TH STREET., N. #A ST. PETERSBURG FL 33704

3. Date Incorporated or Qualified: **07/08/1985**
3a. Date of Last Report: **03/03/1995**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-2555602** ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAMBRECHT, CARL K.
1700 NINTH ST. N.
SUITE A
ST. PETERSBURG FL 33704

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BAYNARD, J. THOMAS		12 NAME	
STREET ADDRESS	1700 9TH ST. N. #C		13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BAYNARD, WILLIAM T., SR.		22 NAME	
STREET ADDRESS	1700 9TH ST. N. #C		23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		24 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	LAMBRECHT, CARL K.		32 NAME	
STREET ADDRESS	1700 9TH STREET N. #A		33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	LAMBRECHT, LEE ANN		42 NAME	
STREET ADDRESS	1700 9TH STREET N. #A		43 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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 119.07(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: Carl K Lambrecht 3/2/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #