

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
FILED

MAY 11 1996

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # H76192

(4)

FLORASOTA, INC.

Principal Place of Business

1858 RINGLING BLVD
P.O. BOX 49348
SARASOTA FL 34236

Managing Agent

1858 RINGLING BLVD
P.O. BOX 49348
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized 09/16/1985
3a. Date of Last Report 03/11/1994

4. FID Number 59-2764782
Applied For Not Applicable

5. Certificate of Status (Required) ☐ \$8.75 Additional Fee Required

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

8. Have you paid the annual fee for the report due on or before 03/11/1994?
Firmly Substantiated ☐ No ☐ Yes

2. Principal Place of Business

21. Managing Agent

22. State Agent

23. City, State

24. City, State

25. City, State

26. City, State

27. City, State

28. City, State

29. City, State

30. City, State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEBHARD, H. DIETER
1858 RINGLING BLVD.
SARASOTA FL 34236

81. Name

82. Street Address, if C. Box Number is Not Applicable

83. City, State

84. City, State

FL 85. Zip Code

11. Consistent with the provisions of Chapter 190, Florida Statutes, the undersigned hereby certifies that the information furnished in this report is true and correct to the best of his or her knowledge and belief, and that the undersigned is duly qualified to act as the registered agent of the corporation.

SIGNATURE

12. OFFICER AND DIRECTOR

PD
NAME GEBHARD, LINDA
Address 1774 SOUTH DRIVE
City, State SARASOTA FL
STD
NAME GEBHARD, DIETER
Address 1858 RINGLING BLVD.
City, State SARASOTA FL

13. ADDITIONAL OFFICERS, DIRECTORS, AND REGISTERED AGENTS

1. NAME	2. ADDRESS	3. CITY, STATE	4. ZIP CODE
5. NAME	6. ADDRESS	7. CITY, STATE	8. ZIP CODE
9. NAME	10. ADDRESS	11. CITY, STATE	12. ZIP CODE
13. NAME	14. ADDRESS	15. CITY, STATE	16. ZIP CODE
17. NAME	18. ADDRESS	19. CITY, STATE	20. ZIP CODE
21. NAME	22. ADDRESS	23. CITY, STATE	24. ZIP CODE
25. NAME	26. ADDRESS	27. CITY, STATE	28. ZIP CODE
29. NAME	30. ADDRESS	31. CITY, STATE	32. ZIP CODE
33. NAME	34. ADDRESS	35. CITY, STATE	36. ZIP CODE
37. NAME	38. ADDRESS	39. CITY, STATE	40. ZIP CODE
41. NAME	42. ADDRESS	43. CITY, STATE	44. ZIP CODE
45. NAME	46. ADDRESS	47. CITY, STATE	48. ZIP CODE
49. NAME	50. ADDRESS	51. CITY, STATE	52. ZIP CODE
53. NAME	54. ADDRESS	55. CITY, STATE	56. ZIP CODE
57. NAME	58. ADDRESS	59. CITY, STATE	60. ZIP CODE
61. NAME	62. ADDRESS	63. CITY, STATE	64. ZIP CODE
65. NAME	66. ADDRESS	67. CITY, STATE	68. ZIP CODE
69. NAME	70. ADDRESS	71. CITY, STATE	72. ZIP CODE
73. NAME	74. ADDRESS	75. CITY, STATE	76. ZIP CODE
77. NAME	78. ADDRESS	79. CITY, STATE	80. ZIP CODE
81. NAME	82. ADDRESS	83. CITY, STATE	84. ZIP CODE
85. NAME	86. ADDRESS	87. CITY, STATE	88. ZIP CODE
89. NAME	90. ADDRESS	91. CITY, STATE	92. ZIP CODE
93. NAME	94. ADDRESS	95. CITY, STATE	96. ZIP CODE
97. NAME	98. ADDRESS	99. CITY, STATE	100. ZIP CODE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the corporation stated in this filing is a Florida corporation. I further certify that the information is not being furnished for the purpose of obtaining a license to do business in Florida and that my signature shall have the same legal effect as if made under oath. I further certify that the information is not being furnished for the purpose of obtaining a license to do business in Florida and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
H. DIETER GEBHARD

4/25/95 813 305-4617