

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

**APPROVED
AND
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95 MAY -1 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H86951** (1)

1. Corporation Name
MOLSICK & COMPANY, INC.

Principal Place of Business Mailing Address
2358 LANDING WAY PALM HARBOR FL 34684 **2358 LANDING WAY PALM HARBOR FL 34684**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/20/1985** 3a. Date of Last Report **02/14/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1604 Ocean Dunes Terr.	26 -same-	59-2614358	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 Daytona Beach, FL	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip 32118 Country USA	Zip Country		
24	25 USA	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOLSICK, JACQUELINE C. 2358 LANDING WAY PALM HARBOR FL 34684	B1 Name same
	B2 Street Address (P.O. Box Number is Not Acceptable) 1604 Ocean Dunes Terrace
	B3 Daytona Beach
	B4 City Daytona Beach FL B5 Zip Code 32118

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 *Jacqueline C. Molsick* DATE **4/10/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	11 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME JACQUELINE C. MOLSICK	
NAME MOLSICK, JACQUELINE C.	13 NAME	13 STREET ADDRESS 1604 Ocean Dunes Terrace	
STREET ADDRESS 2358 LANDING WAY	14 CITY - ST - ZIP Daytona Bch, FL 32118	21 TITLE DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP PALM HARBOR FL	22 NAME ROBERT M. MOLSICK	23 STREET ADDRESS 1604 Ocean Dunes Terrace	
TITLE DST	24 CITY - ST - ZIP Daytona Beach, FL 32118	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MOLSICK, ROBERT M	32 NAME	32 NAME 500001485085	
STREET ADDRESS 2358 LANDING WAY	33 STREET ADDRESS	33 STREET ADDRESS -05/12/95--01015--015	
CITY - ST - ZIP PALM HARBOR FL	34 CITY - ST - ZIP	34 CITY - ST - ZIP ****200.00 ****200.00	
TITLE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME	
NAME	42 NAME	43 STREET ADDRESS	
STREET ADDRESS	43 STREET ADDRESS	44 CITY - ST - ZIP	
CITY - ST - ZIP	44 CITY - ST - ZIP	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	51 TITLE	52 NAME	
NAME	52 NAME	53 STREET ADDRESS	
STREET ADDRESS	53 STREET ADDRESS	54 CITY - ST - ZIP	
CITY - ST - ZIP	54 CITY - ST - ZIP	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	61 TITLE	62 NAME	
NAME	62 NAME	63 STREET ADDRESS	
STREET ADDRESS	63 STREET ADDRESS	64 CITY - ST - ZIP	
CITY - ST - ZIP	64 CITY - ST - ZIP		

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 or changed, or on an attachment with an address.

SIGNATURE: *Jacqueline Molsick* DATE **4/10/95**