

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

DOCUMENT # J84127 (6)

1. Corporation Name

P. STRAUBINGER DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

19607 GULF BLVD
INDIAN SHORES FL 34635

19607 GULF BLVD
INDIAN SHORES FL 34635

3. Date Incorporated or Qualified

07/24/1987

3a. Date of Last Report

03/29/1995

2. Principal Place of Business

2a. Mailing Address

21 7662 131st Street
Suite, Apt. #, etc.

26 7662 131st St. N.
Suite, Apt. #, etc.

4. FEI Number

59-2830219

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

23 Seminole, FL
City & State

28 Seminole, FL
City & State

24 34646 25 Pinellas
Zip Country

29 34646 30 Pinellas
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRAUBINGER, PAUL
19607 GULF BLVD
INDIAN SHORES FL 34635

81 Name Straubinger, Paul

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

7662 131st Street

83

84 City Seminole

FL

85 Zip Code 34646

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME STRAUBINGER, PAUL
STREET ADDRESS 11320 - 6TH STREET E.
CITY-STATE-ZIP TREASURE ISLAND FL 33706

TITLE VS ☐ DELETE

NAME STRAUBINGER, PATRICIA
STREET ADDRESS 11320 - 6TH STREET E.
CITY-STATE-ZIP TREASURE ISLAND FL 33706

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 (813) 505-1444

CR2E034 (12/95)