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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

J91071

(7)

DOCUMENT #

1. Corporation Name

LIBERTY TRUST CORPORATION

Mailing Address Principal Place of Business



	22392 WESTCHESTER BLVD. PORT CHARLOTTE FL 33980		CHESTER BLVD. .OTTE FL 33980				
					3. Date Incorporated or Qualified 09/01/1987	3a. Date of Las 03/28/	
2. Principal Place of Business		2a. Mailing Add	ress		4. FEI Number		Applied For
21		26	26		65-0005941		Not Applicable
Suite. Apt. #, etc.		h- 1	Suite, Apt. #, etc.		5. Certificate of Status Desired Note: \$8.75 Additional Fee Required		
City & State			City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		•
∄1	Country	Zip		Country	8. This corporation has liability for		ers 199.032,
4	25	29	30			□ No	
	9. Name and Address of Co	urrent Registered Agen	t	81 Name	10. Name and Address of New F	egistered Agent	
	DYCE ESTCHESTER BLVD. ARLOTTE FL 33980				ddress (P.O. Box Number is No Acceptate 22398 Westcheste	18) Bluck	Zip Code
					ort Charlotte	FL 1	33480
SIGNATURE .	guarters type red a mort name of process	Taylet and the if any may	(NOTE Ragis	tered Apirt signature rei	poard of directors. I hereby accept the application of directors in the poard of directors. I hereby accept the application of the poard of directors in the poard of the poar	DOTE ICERS AND DIRE	CTORS IN 12
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l l	KELLY, JOYCE			1.2 NAME	Janes Klineles	•	
AMON WESTCHESTED DIVID							
1	22392 WESTCHESTER B	BLVD.		1 3 STREET ADORESS	5,450		
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STREET ADOR: 55	22392 WESTCHESTER E PORT CHARLOTTE FL 3	3980		1.3 STREET ADORESS 1.4 CITY - ST - ZIP 2 1 Tutle	Same	☐ Cna	inge Addition
STREET ADDR:SS CHY ST ZIP TOLE		3980	ELFTE	1.4 CITY - ST - ZIP	Same	☐ Cna	inge 🔲 Addition
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receive the information indicated on this annual report or supplemental armal 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 of 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 of Block 12 if changed, or on an attachment with an address.

SIGNATURE: