

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

4-24-95 6-4190-C

APPROVED
AND
FILED

95 APR 24 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K54923 (3)

1. Corporation Name

DAVID D. SEIDENSTUCKER INCORPORATED

Principal Place of Business

Mailing Address

4 SOUTH MALL
P O BOX 640249
BEVERLY HILLS, FL 34464-0249
US

4 SOUTH MALL
P O BOX 640249
BEVERLY HILLS, FL 34464-0249
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/23/1988

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2924590

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

2. Principal Place of Business

21 4021 N. LECANTO HWY

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 Suite, Apt. #, etc.

City & State

23 BEVERLY HILLS FL

City & State

28

Zip Country Zip Country

24 34465

25

29

30

9. Name and Address of Current Registered Agent

SEIDENSTUCKER, DAVID D.
5355 E MIMOSA LANE
INVERNESS FL 34453

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PT
SEIDENSTUCKER, DAVID D.
5355 E MIMOSA LANE
INVERNESS FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SV
SEIDENSTUCKER, LORENE M.
5355 E MIMOSA LANE
INVERNESS FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

4-19-95 904-746-5233
Date Daytime Phone #