

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 # L06125 (3)

1. Corporation Name

THE STROUD MANAGEMENT CORPORATION



Principal Place of Business

696 FIRST AVE. N.
STE. 203
ST. PETERSBURG FL 33701
US

Mailing Address

696 FIRST AVENUE N
STE 203
ST. PETERSBURG FL 33701
US

2. Principal Place of Business

21 501 FIRST AVENUE NO.

2a. Mailing Address

26 501 FIRST AVENUE NO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ST PETERSBURG, FL

City & State

28 ST PETERSBURG, FL

Zip

24 33701

Country

25 US

Zip

29 33701

Country

30 US

9. Name and Address of Current Registered Agent

HIGGINS, JOHN P
200 CENTRAL AVE
SUITE 2300
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified

07/31/1989

3a. Date of Last Report

02/28/1995

4. FEI Number

59-2971581

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

JAMES C. ROWE

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

100 SECOND AVENUE SOUTH

83

FOURTH FLOOR, NORTH TOWER

84 City

ST. PETERSBURG

FL

85 Zip Code

33701

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

James C. Rowe
Signature, typed or printed name of registered agent and title if applicable.

James C. Rowe

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STROUD, MARK J.
STREET ADDRESS
696 FIRST AVENUE N STE 203
CITY-ST-ZIP
ST. PETERSBURG FL

TITLE ☒ DELETE

NAME
CORSON, MILTON H., JR
STREET ADDRESS
696 FIRST AVENUE N #203
CITY-ST-ZIP
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 if changed, or on an attachment with an address.

SIGNATURE

James C. Rowe
Signature and typed or printed name of signing officer or director

Date

4/17/96

(813) 822-2500
Daytime Phone #

CR2E034 (12/95)