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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L14600** **(5)**

1. Corporation Name

PYE & ASSOCIATES OF SARASOTA, INC.

Principal Place of Business	Mailing Address
~~1748 INDEPENDENCE BLVD.~~ ~~STE. G4~~ SARASOTA FL 34234 US	~~P.O. BOX 4015~~ 1712 NORTHGATE BLVD SARASOTA FL ~~34290~~ US

3. Date Incorporated or Qualified: **09/08/1989**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business
21: 1712 NORTHGATE BLVD
22: Suite, Apt. #, etc.
23: City & State: Sarasota FL
24: Zip: 34234
25: Country: US

2a. Mailing Address
26: 1712 Northgate Blvd
27: Suite, Apt. #, etc.
28: City & State: Sarasota FL
29: Zip: 34234
30: Country: US

4. FEI Number: 65-0148310 ☐ 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

9. Name and Address of Current Registered Agent

BLOMSTER, DEBORA R.
~~1748 INDEPENDENCE BLVD.~~
~~STE. G4~~
SARASOTA FL 34234

10. Name and Address of New Registered Agent

81 Name: Debora Blomster
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1712 NORTHGATE BLVD
84 City: Sarasota FL 85 Zip Code: 34234

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: Debora R. Blomster DATE: 4-29-96
Signature, type or print name of registered agent, and title if applicable. NOTE: Registered Agent's signature required for filing.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BLOMSTER, DEBORA R. ~~1748 INDEPENDENCE BLVD. G4~~ SARASOTA FL	☐ DELETE	1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	OP BLOMSTER, DEBORA R. 1712 NORTHGATE BLVD SARASOTA FL 34234	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(i), 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: Debora R. Blomster 4-29-96 (941) 923-5196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #