

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 # **L90770** (3)

1. Corporation Name

**FLORIDA SENEPOL ASSOCIATION, INC.**



Principal Place of Business

**9100 NW 150TH AVE  
MORRISTON FL 32668  
US**

Mailing Address

**9100 NW 150TH AVE  
MORRISTON FL 32668  
US**

3. Date Incorporated or Qualified

**07/20/1990**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-3018213**

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**JONES, VERONICA I.  
2973 NE HWY 27 ALT  
CHIEFLND FL 32626**

10. Name and Address of New Registered Agent

81 Name

**Linda Thompson**

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

**9100 N.W. 150th. Ave.**

83

84 City

**Morrison**

FL

85 Zip Code

**32668**

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

**Linda Thompson**

**Linda Thompson**

**2/27/96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P**

**MARTINEZ, ART  
401 MIRACLE MILE SUITE 302  
CORAL GABLES FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V**

**SHEFFIELD, DONALD  
RT. 4, BOX 1541  
MADISON FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**S**

**JONES, VERONICA I.  
2973 NE HWY 27 ALT  
CHIEFLND FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**T**

**THOMPSON, LINDA  
9100 NW 150TH AVE  
MORRISTON FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D**

**WEBB, ORRION  
P.O. BOX 481  
PUNTA GORDA FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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:

**Linda Thompson**

**Linda Thompson**

**2/27/96 352-528-3929**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)