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FILED

Apr 15 1997 8:00am
Secretary of State



PROFIT
CORPORATION
ANNUAL REPORT
1997

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 32668-7119
US**



3. Date Incorporated or Qualified

07/20/1990

3a. Date of Last Report

03/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, LINDA
9100 NW 150TH AVE
MORRISTON FL 32668**

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, Treas.

Sandra Thompson

4/8/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **MARTINEZ, ART**
STREET ADDRESS **401 MIRACLE MILE SUITE 302**
CITY-ST-ZIP **CORAL GABLES FL**

1.1 TITLE **Pres.** ☒ Change ☐ Addition
1.2 NAME **Dr. Stanly Moles**
1.3 STREET ADDRESS **13191 Hwy 226-A**
1.4 CITY-ST-ZIP **Reddick, FL 32686**

TITLE **V** ☒ DELETE
NAME **SHEFFIELD, DONALD**
STREET ADDRESS **RT. 4, BOX 1541**
CITY-ST-ZIP **MADISON FL**

2.1 TITLE **Vice Pres.** ☒ Change ☐ Addition
2.2 NAME **Richard V. Thompson**
2.3 STREET ADDRESS **9100 N.W. 150th. Ave.**
2.4 CITY-ST-ZIP **Morrison, FL 32668**

TITLE **S** ☒ DELETE
NAME **JONES, VERONICA I.**
STREET ADDRESS **2973 NE HWY 27 ALT**
CITY-ST-ZIP **CHIEFLND FL**

3.1 TITLE **Sec.** ☒ Change ☐ Addition
3.2 NAME **Judy Studley**
3.3 STREET ADDRESS **P.O. Box 2006**
3.4 CITY-ST-ZIP **Bushnell, FL 32613**

TITLE **T** ☐ DELETE
NAME **THOMPSON, LINDA**
STREET ADDRESS **9100 NW 150TH AVE**
CITY-ST-ZIP **MORRISTON FL**

4.1 TITLE **Linda Thompson** ☐ Change ☐ Addition
4.2 NAME **Linda Thompson**
4.3 STREET ADDRESS **9100 N.W. 150th. Ave.**
4.4 CITY-ST-ZIP **Morrison, FL 32668**

TITLE **D** ☒ DELETE
NAME **WEBB, ORRION**
STREET ADDRESS **P.O. BOX 481**
CITY-ST-ZIP **PUNTA GORDA FL**

5.1 TITLE **Art Martinez** ☒ Change ☐ Addition
5.2 NAME **Art Martinez**
5.3 STREET ADDRESS **401 Miracle Mile Suite 302**
5.4 CITY-ST-ZIP **Coral Gables, FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: **Linda Thompson** **4/8/97 352-528-3266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)