

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95483

(8)

1. Corporation Name

HAakon ROESTAD, INC.

Principal Place of Business

1101 S TAMiami TRAIL, STE. 202
VENICE FL 34285

Mailing Address

1101 S TAMiami TRAIL, STE. 202
VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1990

3a. Date of Last Report

08/15/1994

4. FEI Number

59-3029520

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

7. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

22

Zip

23

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

28

Country

29

30

9. Name and Address of Current Registered Agent

ROESTAD, HAAKON
1101 S TAMiami TR
SUITE 215
VENICE FL 34285

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 that of corporation)

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

1

ROESTAD, HAAKON
1101 S TAMiami TR # 215
VENICE FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

2

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

3

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

4

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

5

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

6

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

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)(b), 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 by 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 is not on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Diane Roestad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANE ROESTAD

April 26, 1995 1813
488-0825