

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -8 AM 10: 17

DOCUMENT # M89465

(2)

1. Corporation Name

FIRST PRESIDENTIAL SERVICE CORP. II

Principal Place of Business

**5250 17TH STREET
#205
SARASOTA FL 34235
US**

Mailing Address

**P.O. BOX 1599
SARASOTA FL 34231-8599
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/13/1988

3a. Date of Last Report

03/14/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

65-0067622

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

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

**DREWS RONALD K
5250 17TH STREET
SUITE #205
SARASOTA FL 34235**

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 title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO**
NAME **DREWS, RONALD, K.**
STREET ADDRESS **3584 SARASOTA GOLF CLUB BLVD.**
CITY - ST - ZIP **SARASOTA FL**

TITLE **DVT**
NAME **FARR, DONALD M.**
STREET ADDRESS **3301 BAYSHORE RD.**
CITY - ST - ZIP **SARASOTA FL**

TITLE **D**
NAME **KALIN, EDWARD L.**
STREET ADDRESS **201 MORNINGSIDE DR.**
CITY - ST - ZIP **SARASOTA FL**

TITLE **D**
NAME **PENNINGTON, GERALD L.**
STREET ADDRESS **2207 GAGEY KEY RD.**
CITY - ST - ZIP **NOKOMIS FL**

TITLE **D**
NAME **SUPLEE, T. RAYMOND**
STREET ADDRESS **3850 FLORES AVE.**
CITY - ST - ZIP **SARASOTA FL**

TITLE **D**
NAME **COOK, EDWARD W.**
STREET ADDRESS **150 VIA BELLARIA**
CITY - ST - ZIP **PALM BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **Lee Cieslak**
1.3 STREET ADDRESS **2100 66th Street North**
1.4 CITY - ST - ZIP **St. Petersburg, FL 33743**

2.1 TITLE **V/T/D/** ☒ Change ☐ Addition
2.2 NAME **Colin Anderson**
2.3 STREET ADDRESS **2100 66th Street North**
2.4 CITY - ST - ZIP **St. Petersburg, FL 33743**

3.1 TITLE **S/D** ☒ Change ☐ Addition
3.2 NAME **Ann McMurry**
3.3 STREET ADDRESS **2100 66th Street North**
3.4 CITY - ST - ZIP **St. Petersburg, FL 33743**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 my appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Title #