# 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 4:16

DOCUMENT # M93829 (3)

1. Corporation Name
BELLWETHER FINANCIAL CORPORATION

600001503846
-06/01/95--01114--004
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 31122<br>SARASOTA FL 34232<br>US | P O BOX 31122<br>SARASOTA FL 34232<br>US |

3. Date Incorporated or Qualified: 08/04/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 County 30

4. FEI Number: 65-0064744 ☐ 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

7. This corporation has liability for unrelated tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHOENFISCH, RON W.
5502 DUNCANWOOD DR.
SARASOTA FL 34232

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable) N/A
93
94 City FL 95 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PST | 11 TITLE | ☐ Change ☐ Addition |
| NAME | SCHOENFISCH, RON W. | 12 NAME | |
| STREET ADDRESS | 5502 DUNCANWOOD DR | 13 STREET ADDRESS | |
| CITY ST ZIP | SARASOTA FL | 14 CITY ST ZIP | |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY ST ZIP | | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | REMITTED BY MAY 1 | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | T.S. 5/26/95 |
| CITY ST ZIP | | 64 CITY ST ZIP | |

14. I/We 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 added to the attachment with an address.

SIGNATURE: Ron W. Schoenfisch 4/27/95 813 361 8899
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR — Date — Daytime Phone #

0455214 FP