2-20-95 B-18855 XC

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

XC
LG

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:27

DOCUMENT # N16413 (9)

1. Corporation Name
PALM BAY SERTOMA, INC.

Principal Place of Business	Mailing Address
C/O BENJAMIN Y. SAXON 111 SOUTH SCOTT STREET MELBOURNE FL 32901-1262	C/O BENJAMIN Y. SAXON 111 SOUTH SCOTT STREET MELBOURNE FL 32901-1262

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1986
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-2635661 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

SAXON, BENJAMIN Y.
111 SOUTH SCOTT STREET
MELBOURNE FL 32901

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President ☒ Change ☐ Addition
NAME	WHITE, BETTY L	1.2 NAME	Hartmann, Peggy S.
STREET ADDRESS	P.O. BOX 366 N/A	1.3 STREET ADDRESS	3140 Hield Road
CITY-ST-ZIP	GRANT FL 32949	1.4 CITY-ST-ZIP	Melbourne, FL 32904
TITLE	ST	2.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	HARTMANN, PEGGY S	2.2 NAME	White, Betty L.
STREET ADDRESS	3140 HIELD RD	2.3 STREET ADDRESS	P.O. Box 366
CITY-ST-ZIP	MELBOURNE FL 32904	2.4 CITY-ST-ZIP	Grant, Fl 32949
TITLE	V	3.1 TITLE	Treasure ☒ Change ☐ Addition
NAME	SCHROHT, JON	3.2 NAME	Hartmann, Fred M.
STREET ADDRESS	430 E. RIVIERA DR.	3.3 STREET ADDRESS	3140 Hield Road
CITY-ST-ZIP	INDIALANTIC FL 32903	3.4 CITY-ST-ZIP	Melbourne, FL 32904
TITLE	D	4.1 TITLE	Vice-President ☐ Change ☐ Addition
NAME	HARTMANN, FRED M.	4.2 NAME	Schroht, Jon
STREET ADDRESS	3140 HIELD RD.	4.3 STREET ADDRESS	430 E. Riviera Drive
CITY-ST-ZIP	MELBOURNE FL 32904	4.4 CITY-ST-ZIP	Indialantic, FL 32903
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	Bloomfield, Patricia
STREET ADDRESS		5.3 STREET ADDRESS	3940 Pepper Tree
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Grant, Florida 32949
TITLE	D	6.1 TITLE	D ☐ Change ☒ Addition
NAME	Singleton, Angie	6.2 NAME	Fleming, Edith
STREET ADDRESS	P.O. Box 589 - 4440 Grant Road	6.3 STREET ADDRESS	669 Vocelle Avenue
CITY-ST-ZIP	Grant, FL 32949	6.4 CITY-ST-ZIP	Sebastian, FL 32958

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peggy S. Hartmann Peggy S. Hartmann 1/26/95 407-723-5311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035120