

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N21371 (2)

1. Corporation Name

SEVILLE SERTOMA, INC.

Principal Place of Business

P.O. BOX 385
PENSACOLA FL 32595-0385
US

Mailing Address

P.O. BOX 385
PENSACOLA FL 32592-0385
US



3. Date Incorporated or Qualified
06/29/1987

3a. Date of Last Report
07/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
59-2832786

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

SMITH, J.D.
80 S SPRINGS ST
PENSACOLA FL 32501

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MURZIN, DAVE	
STREET ADDRESS	8463 BEULAH ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PREVATTE, DONNA	
STREET ADDRESS	4301 CREIGHTON RD APT 102	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	POWELL, DEBBIE	
STREET ADDRESS	5704 AUDUBON DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DAY, LYNDIA	
STREET ADDRESS	33 W GARDEN STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, ANNISE	
STREET ADDRESS	800 N 12TH AVENUE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, LINDA	
STREET ADDRESS	1617 E JACKSON ST	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Powell, Debbie	
1.3 STREET ADDRESS	5704 Audubon Dr	
1.4 CITY-ST-ZIP	Pensacola FL	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thaxton, Debbie	
2.3 STREET ADDRESS	2001 N. "E" Street	
2.4 CITY-ST-ZIP	Pensacola FL	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bradshaw, Nelson	
3.3 STREET ADDRESS	32 Highpoint Dr	
3.4 CITY-ST-ZIP	Gulf Breeze FL	
4.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Prevatte, Donna	
4.3 STREET ADDRESS	4301 Creighton Rd #102	
4.4 CITY-ST-ZIP	Pensacola FL	
5.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Carson, Ed	
5.3 STREET ADDRESS	2221 Du Pont Dr	
5.4 CITY-ST-ZIP	Pensacola FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)