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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:22

DOCUMENT # N27624 (8)

1. Corporation Name
RETIRED OFFICERS' CORPORATION

Principal Place of Business	Mailing Address
15209 LAKE MAURINE DR. 7752 HEATHER STREET ODESSA FL 33556-3111 US	15209 LAKE MAURINE DR. 7752 HEATHER STREET ODESSA FL 33556-3111 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1988
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2910014 ☐ 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	2a. Mailing Address
21 1010 AMERICAN EAGLE BLVD,	26 1010 AMERICAN EAGLE BLVD,
Suite, Apt. #, etc. 22 Box 352 (4th Floor)	Suite, Apt. #, etc. 27 Box 352 (4th Floor)
City & State 23 SUN CITY CENTER, FL.	City & State 28 SUN CITY CENTER, FL
Zip 24 33573 Country 25 USA	Zip 29 33573 Country 30 USA

9. Name and Address of Current Registered Agent

GREZAFFI, JOSEPH
1010 AMERICAN EAGLE BLVD.,
SUITE 227
SUN CITY CENTER FL 33573

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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	GREZAFFI, JOSEPH	1.2 NAME	
STREET ADDRESS	7752 HEATHER STREET	1.3 STREET ADDRESS	1010 AMERICAN EAGLE BLVD., #227
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	LLOYD, LUTHER R.	2.2 NAME	
STREET ADDRESS	15209 LAKE MAURINE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	GARTEN, MELVIN	3.2 NAME	
STREET ADDRESS	60 MARTINIQUE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, PETER R.	4.2 NAME	
STREET ADDRESS	172 HARBOR AGE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, attachment with an address.

SIGNATURE: Luther R. Lloyd Luther R. Lloyd 7 Feb'95 813/633-4467
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0052602