

**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

APPROVED  
AND  
FILED

95 MAR -2 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N43400** (3)  
1. Corporation Name  
**FLORIDA STATE LST CHAPTER, INC.**

Principal Place of Business Mailing Address  
**1901 3RD AVANJE EAST BRADENTON FL 34208** **1901 3RD AVANUE EAST BRADENTON FL 34208**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/13/1991</b>	3a. Date of Last Report <b>04/21/1994</b>
4. FEI Number <b>65-0186679</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent <b>MALCOLM, M.M. 1901 3RD AVENUE EAST BRADENTON FL 34208</b>		10. Name and Address of New Registered Agent	
<b>81</b> Name			
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)			
<b>83</b>			
<b>84</b> City	<b>FL</b>	<b>85</b> 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 <b>P</b>	<b>MALCOLM, M. M.</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>1901 3RD AVENUE EAST</b>	1.2 NAME	<b>Steeb, Ralph B.</b>
STREET ADDRESS	<b>BRADENTON FL</b>	1.3 STREET ADDRESS	<b>5250 Manz Place #310</b>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<b>Sarasota, FL 34232</b>
TITLE <b>V</b>	<b>RENCK, HERBERT H.</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8401 REYNOLDS DR</b>	2.2 NAME	
STREET ADDRESS	<b>BAYONET POINT FL</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE <b>D</b>	<b>EBL, JOSEPH M.</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2170 EMBARCADERA WAY</b>	3.2 NAME	
STREET ADDRESS	<b>N FT MYERS FL</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE <b>T</b>	<b>DAVIS, LEROY D.</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>302 52ND AVE TERR E</b>	4.2 NAME	
STREET ADDRESS	<b>BRADENTON FL</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE <b>D</b>	<b>WHYTE, EARLE S.</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8995 SE 120 PL</b>	5.2 NAME	
STREET ADDRESS	<b>BELLEVIEW FL</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE <b>S</b>	<b>Steeb, Ralph B.</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5250 Manz Place #310</b>	6.2 NAME	
STREET ADDRESS	<b>Sarasota, FL 34232</b>	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 110.07(3)(k), 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: *M.M. Malcolm* 2/16/1995--813-747-6039  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #