

FILE NOW: FILING FEE IS \$61.20

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002144 (2)

1. Corporation Name

SERENDIPITY ROC, INC.



Principal Place of Business

29081 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34621

Mailing Address

29081 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34621

3. Date Incorporated or Qualified
05/04/1995

3a. Date of Last Report

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

4. FEI Number

59-3314973

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

BERNSTEIN, DAVID S ESQ.
150 SECOND AVENUE NORTH
SUITE 1700
ST. PETERSBURG FL 33701

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 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

BRIDE, WILLIAM M

STREET ADDRESS

29081 U.S. HIGHWAY 196 NORTH, LOT 137

CITY - ST - ZIP

CLEARWATER FL 34621

TITLE

VD

☐ DELETE

NAME

LAWSON, THOMAS P

STREET ADDRESS

29081 U.S. HIGHWAY 196 NORTH, LOT 137

CITY - ST - ZIP

CLEARWATER FL 34621

TITLE

TD

☐ DELETE

NAME

MYLES, DELAND L

STREET ADDRESS

29081 U.S. HIGHWAY 196 NORTH, LOT 137

CITY - ST - ZIP

CLEARWATER FL 34621

TITLE

SD

☐ DELETE

NAME

FINNICUM, BARBARA J

STREET ADDRESS

29081 U.S. HIGHWAY 196 NORTH, LOT 137

CITY - ST - ZIP

CLEARWATER FL 34621

TITLE

D

☐ DELETE

NAME

CRAYTON, WILFORD H

STREET ADDRESS

29081 U.S. HIGHWAY 196 NORTH, LOT 137

CITY - ST - ZIP

CLEARWATER FL 34621

TITLE

D

☐ DELETE

NAME

SPEAK, ALLEN P

STREET ADDRESS

29081 U.S. HIGHWAY 196 NORTH, LOT 137

CITY - ST - ZIP

CLEARWATER FL 34621

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☒ Change

☐ Addition

1.2 NAME

BRIDE, WILLIAM M.

1.3 STREET ADDRESS

29081 US HWY 19 N. LOT 137

1.4 CITY - ST - ZIP

CLEARWATER, FL. 34621

2.1 TITLE

PD

☐ Change

☒ Addition

2.2 NAME

SCHONMAKER, MARSHALL D.

2.3 STREET ADDRESS

29081 US HWY 19 N. LOT 330

2.4 CITY - ST - ZIP

CLEARWATER, FL. 34621

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARSHALL D. SCHONMAKER
PRESIDENT

(813) 784-2695

Date

Daytime Phone #

CR2E037 (12/95)