

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Division of Corporations

DOCUMENT # P15279 (3)

1. Corporation Name
PRINCETON FINANCIAL CORP.

APPROVED
FILED

95 MAY -1 1995

FINAL REPORT OF ST.
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 604 COURTLAND STREET, SUITE #201
P.O. BOX 547939 (ZIP 32854)
ORLANDO FL 32804

Mailing Address: 604 COURTLAND STREET, SUITE #201
P.O. BOX 547939 (ZIP 32854)
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:	2a. Mailing Address:
21. State: Apt # etc:	26. State: Apt # etc:
22. City & State:	27. City & State:
23. Zip:	28. Zip:
24. Country:	29. Country:

3. Date Incorporated or Qualified: 07/21/1987	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2811338	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

BLACKFORD, ROBERT N.
TWO SOUTH ORANGE AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81. Name:

82. Street Address (P.O. Box Number is Not Acceptable):

83. City:

84. State: FL 85. Zip Code:

11. Pursuant to the provisions of Sections 607.05(3) and 607.15(4), 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 607.15(6), Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

1. NAME	DPS REICH, PAUL F.
2. STREET ADDRESS	604 COURTLAND ST., #201
3. CITY, ST., ZIP	ORLANDO FL
4. TITLE	D
5. NAME	WARRINGTON, ROBERT H
6. STREET ADDRESS	1830 E. PARIS, SE
7. CITY, ST., ZIP	GRAND RAPIDS MI
8. TITLE	D
9. NAME	YOUNG, EDWARD J
10. STREET ADDRESS	1830 E. PARIS S.E.
11. CITY, ST., ZIP	GRAND RAPIDS MI
12. TITLE	V
13. NAME	ELWELL, DENISE E
14. STREET ADDRESS	1830 E PARIS S.E.
15. CITY, ST., ZIP	GRAND RAPIDS MI
16. TITLE	V
17. NAME	COLOMBE, PAUL O
18. STREET ADDRESS	1830 E PARIS S.E.
19. CITY, ST., ZIP	GRAND RAPIDS MI
20. TITLE	D
21. NAME	BISHOP, WILLIAM D. SR.
22. STREET ADDRESS	1800 EAST COLONIAL DRIVE
23. CITY, ST., ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	☐ Change ☐ Addition
3. CITY, ST., ZIP	☐ Change ☐ Addition
4. TITLE	☐ Change ☐ Addition
5. NAME	☐ Change ☐ Addition
6. STREET ADDRESS	☐ Change ☐ Addition
7. CITY, ST., ZIP	☐ Change ☐ Addition
8. TITLE	☐ Change ☐ Addition
9. NAME	☐ Change ☐ Addition
10. STREET ADDRESS	☐ Change ☐ Addition
11. CITY, ST., ZIP	☐ Change ☐ Addition
12. TITLE	☐ Change ☐ Addition
13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS	☐ Change ☐ Addition
15. CITY, ST., ZIP	☐ Change ☐ Addition
16. TITLE	☐ Change ☐ Addition
17. NAME	☐ Change ☐ Addition
18. STREET ADDRESS	☐ Change ☐ Addition
19. CITY, ST., ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I further certify that the information included 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 owner of business engaged to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this document, or I am authorized with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-85-95

771-5351