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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 4:34

DOCUMENT # P34888 (8)

1. Corporation Name

NATIONAL GUARANTY MANAGEMENT, INC.

Principal Place of Business

3530 1ST AVE NO.
#208
ST. PETERSBURG FL 33713
US

Mailing Address

3530 1ST AVE NO.
#208
ST. PETERSBURG FL 33713
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1991

3a. Date of Last Report

04/28/1994

4. FEI Number

06-1258910

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

2. Principal Place of Business

21 Suite, Apt., #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt., #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

(Signature: Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME HALL, KENNETH S.
STREET ADDRESS 11315A THIRD STREET EAST
CITY ST ZIP TREASURE ISLAND FL

TITLE VTD
NAME CURLEY, MICHAEL
STREET ADDRESS 3820 DANCE MILL
CITY ST ZIP PHOENIX MD

TITLE S
NAME FROUMAN, BARBARA ANN
STREET ADDRESS 3820 DANCE MILL
CITY ST ZIP PHOENIX MD

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS 6860 Gulfport Blvd South #275

14 CITY ST ZIP St. Petersburg, FL 33707

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 (1)(7)(b), Florida Statutes. I further certify that the information contained 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, 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 applicable, on an attachment with an address.

SIGNATURE:

(Signature: Typed or printed name of signing officer or director)

Kenneth S. Hall

4/28/95 (813) 321-9269