

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P92000013708 (2)

1. Corporation Name

J.J. STARACE, FINANCIAL SERVICES, INC.



Principal Place of Business

8983 EAGLE'S RIDGE DR  
TALLAHASSEE FL 32312

Mailing Address

1834 HERMITAGE BLVD.  
200A  
TALLAHASSEE FL 32308  
US

3. Date Incorporated or Qualified  
12/23/1992

3a. Date of Last Report  
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3157449

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STARACE, JAMES J  
1834 HERMITAGE BLVD  
SUITE 200-A  
TALLAHASSEE FL 32308

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 the corporation

(NOTE: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
STARACE, JAMES J  
STREET ADDRESS  
8983 EAGLE'S RIDGE DR  
CITY-ST-ZIP  
TALLAHASSEE FL 32312

12 NAME  
13 STREET ADDRESS

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME  
STARACE, CATHERINE T  
STREET ADDRESS  
8983 EAGLE'S RIDGE DR  
CITY-ST-ZIP  
TALLAHASSEE FL 32312

22 NAME  
23 STREET ADDRESS

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

*James J. Starace*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/96 (904) 411-0800

Date Telephone #

CR2E034 (12/95)