

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000015544 (8)

1. Corporation Name

SEMRADK AND COMPANY, INC.



Principal Place of Business

P.O. BOX 99  
410 PARK AVENUE  
BOCA GRANDE FL 33921-0099

Mailing Address

P.O. BOX 99  
410 PARK AVENUE  
BOCA GRANDE FL 33921-0099

3. Date Incorporated or Qualified

02/22/1993

3a. Date of Last Report

03/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

4. FEI Number

65-0398988

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

GRIBBLE, J S  
3380 TAMiami TRAIL  
SUITE B-1  
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name David M. Silberstein, Esq.  
82 Street Address (P.O. Box Number is Not Acceptable)  
c/o Kirk Pinkerton, P.A.  
83 720 South Orange Avenue  
84 City Sarasota FL 85 Zip Code 34236

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

*David M. Silberstein*

David M. Silberstein

3/31/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME SEMRADEK, JAMES J JR  
STREET ADDRESS P O BOX 99, 410 PARK AVENUE  
CITY-ST-ZIP BOCA GRANDE FL

TITLE VPST  
NAME SEMRADEK, JUDY M  
STREET ADDRESS P O BOX 99  
CITY-ST-ZIP BOCA GRANDE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE P D  
1.2 NAME James J. Semradek  
1.3 STREET ADDRESS 410 Park Avenue, P.O. Box 99  
1.4 CITY-ST-ZIP Boca Grande, FL 33921-0099

2.1 TITLE S T D  
2.2 NAME Judy M. Semradek  
2.3 STREET ADDRESS 410 Park Avenue, P.O. Box 99  
2.4 CITY-ST-ZIP Boca Grande, FL 33921-0099

3.1 TITLE VP D  
3.2 NAME Michael P. Butler  
3.3 STREET ADDRESS 22091 Ember Court  
3.4 CITY-ST-ZIP Grosse Ile, Michigan 48138

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Semradek*

2 3 1 97

1-911-061-2100

CR2E034 (9/96)