

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000069653

1. Corporation Name

R.T. SALTER FINANCIAL SERVICES, INC.

2. Principal Place of Business

3. Mailing Address

400 NEPTUNE RD
SUITE 200
JUNO BEACH, FL 33408

21. Principal Place of Business

22. Mailing Address

23. Suite, Apt. #, etc.

24. Bldg. Apt. #, etc.

25. City & State

26. City & State

27. Zip

28. Country

29. Zip

30. Country

31. Date Incorporation Qualified
10/01/93

32. Date of Last Report
4/96

33. FET Number
65-0291147

34. Applied For
Not Applicable

35. Certificate of Status Desired ☐

\$5.75 Additional Fee Required

36. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

37. This corporation has liability for intangible taxes under s. 190.032, Florida Statutes. ☐ Yes ☒ No

38. Name and Address of Current Registered Agent

39. Name and Address of New Registered Agent

RICHARD T. SALTER
400 NEPTUNE RD
JUNO BEACH, FL 33408

40. Name

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

42. City

FL

43. Zip Code

44. Pursuant to the provisions of Sections 607.0602 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 607.0608, Florida Statutes.

SIGNATURE

Signature: Type or printed name of registered agent, if applicable

NOTE: Registered agent signature required after initial filing

DATE

OFFICERS AND DIRECTORS

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS: 113

1. TITLE
PRESIDENT
2. NAME
RICHARD T. SALTER
3. STREET ADDRESS
400 NEPTUNE RD, JUNO BEACH
4. CITY-STATE-ZIP

5. TITLE
NAME
6. STREET ADDRESS
CITY-STATE-ZIP

7. TITLE
NAME
8. STREET ADDRESS
CITY-STATE-ZIP

9. TITLE
NAME
10. STREET ADDRESS
CITY-STATE-ZIP

11. TITLE
NAME
12. STREET ADDRESS
CITY-STATE-ZIP

13. TITLE
NAME
14. STREET ADDRESS
CITY-STATE-ZIP

15. TITLE
16. NAME
17. STREET ADDRESS
18. CITY-STATE-ZIP

19. TITLE
20. NAME
21. STREET ADDRESS
22. CITY-STATE-ZIP

23. TITLE
24. NAME
25. STREET ADDRESS
26. CITY-STATE-ZIP

27. TITLE
28. NAME
29. STREET ADDRESS
30. CITY-STATE-ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP

35. TITLE
36. NAME
37. STREET ADDRESS
38. CITY-STATE-ZIP

45. 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 its 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

DATE

FILED

DO NOT WRITE OR MAKE ANY MARKS ON THIS
1997 ANNUAL REPORT

Date Due: 05/01

Amount Due: \$165.

Amount Due After 05/01/97: \$550.

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05/07/97-01115-052
\$165.00