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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # P93000069847 (0)

1. Corporation Name
THE PLEASANT FINANCIAL GROUP, INCORPORATED

Principal Place of Business: **3119 BAYSHORE BLVD. NE ST. PETERSBURG FL 33703**

Mailing Address: **3119 BAYSHORE BLVD. NE ST. PETERSBURG FL 33703**

2. Principal Place of Business: **21 6400 46TH AVE N. 22 108**

2a. Mailing Address: **26 6400 46TH AVE N. 27 108**

City & State: **23 KENNETH CITY FL 28 KENNETH CITY FL**

Zip: **24 33709 25 PINNELLAS 29 33709 30 PINNELLAS**

3. Date Incorporated or Qualified: **10/01/1993**

3a. Date of Last Report: **04/14/1994**

4. FEI Number: **59-3212748**

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: **DAVENPORT, J P 3119 BAYSHORE BLVD. NE ST. PETERSBURG FL 33703**

10. Name and Address of New Registered Agent:

81 Name: _____

82 Street Address (P.O. Box Number is Not Acceptable): **6400 46TH AVE N.**

83 # **108**

84 City: **KENNETH CITY FL** 85 Zip Code: **33709**

11. Pursuant to the provisions of Sections 607.0202 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1 NAME: **D DAVENPORT, J P**

1 STREET ADDRESS: **3119 BAYSHORE BLVD. NE**

1 CITY, ST. ZIP: **ST. PETERSBURG FL 33703**

2 NAME: _____

2 STREET ADDRESS: _____

2 CITY, ST. ZIP: _____

3 NAME: _____

3 STREET ADDRESS: _____

3 CITY, ST. ZIP: _____

4 NAME: _____

4 STREET ADDRESS: _____

4 CITY, ST. ZIP: _____

5 NAME: _____

5 STREET ADDRESS: _____

5 CITY, ST. ZIP: _____

6 NAME: _____

6 STREET ADDRESS: _____

6 CITY, ST. ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME: **D DAVENPORT, J. P.** Change Addition

11 STREET ADDRESS: **6400 46TH AVE N.**

11 CITY, ST. ZIP: **KENNETH CITY FL 33709**

21 NAME: _____ Change Addition

21 STREET ADDRESS: _____

21 CITY, ST. ZIP: _____

31 NAME: _____ Change Addition

31 STREET ADDRESS: _____

31 CITY, ST. ZIP: _____

41 NAME: _____ Change Addition

41 STREET ADDRESS: _____

41 CITY, ST. ZIP: _____

51 NAME: _____ Change Addition

51 STREET ADDRESS: _____

51 CITY, ST. ZIP: _____

61 NAME: _____ Change Addition

61 STREET ADDRESS: _____

61 CITY, ST. ZIP: _____

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information submitted 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 person or person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: **J. P. Davenport** **J. P. DAVENPORT** 5 26-95 813-546-8872

DATE: _____