

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 AM 11:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000074508 (1)

1. Corporation Name

F.S.P. GROUP, INC.

Principal Place of Business

**588 WEXFORD DR E
PALM HARBOR FL 34683**

Mailing Address

**588 WEXFORD DR E
PALM HARBOR FL 34683**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/19/1993

3a. Date of Last Report

04/18/1994

4. FEI Number

59-3205675

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 1451 Briarwood Ct

2a. Mailing Address

26 1451 Briarwood Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Safety Harbor FL

City & State

28 Safety Harbor FL

Zip

24 34695

Country

Zip

29 34695

Country

30

9. Name and Address of Current Registered Agent

**FLAMAND, PHILIP M
588 WEXFORD DR E
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81 Name

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

1451 Briarwood Ct

83

84 City

Safety Harbor

FL

85 Zip Code

34695

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

Philip M. Flamand

(NOTE: Registered Agent signature required when reappointing)

4/1/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DPS
FLAMAND, PHILIP M
588 WEXFORD DR E
PALM HARBOR FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**1451 Briarwood Ct
Safety Harbor FL 34695**

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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:

Philip M. Flamand

Philip M. FLAMAND

Title

(Anytime I have a)