

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
UNIVERSITY OF FLORIDA
CORPORATIONS

DOCUMENT # P93000088822 (0)

1. Corporation Name

ALDERMAN CENTERS, INC.

APPROVED
AND
FILED

MAY -1 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or organized	3a. Date of Last Report
5858 CENTRAL AVE ST PETERSBURG FL 33707		5858 CENTRAL AVE ST PETERSBURG FL 33707		12/30/1993	05/01/1994
21. State Apt. # etc.	22. City & State	26. State Apt. # etc.	27. City & State	4. FEI Number	Applied For Not Applicable
21	22	26	27	59-3224765	
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		☐	
24. City & State		25. City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		25		☐	
26. City & State		27. City & State		8. This corporation has liability for intangible tax under the 1993 QART Florida Statutes	☒ Yes ☐ No
26		27			

9. Name and Address of Current Registered Agent

SHER, CRAIG H
5858 CENTRAL AVE
ST PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person named as registered agent in the application

Signature of Registered Agent (if not the person named in the application)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D SEMBLER, MELVIN F 5858 CENTRAL AVE ST PETERSBURG FL 33707	1. NAME	☐ Change ☐ Addition
2. NAME	PD SHER, CRAIG H 5858 CENTRAL AVE ST PETERSBURG FL 33707	2. NAME	☐ Change ☐ Addition
3. NAME	DVPS SEMBLER, BRENT W 5858 CENTRAL AVE ST PETERSBURG FL	3. NAME	☐ Change ☐ Addition
4. NAME	D SEMBLER, M S 5858 CENTRAL AVE ST PETERSBURG FL 33707	4. NAME	☐ Change ☐ Addition
5. NAME	VTD SEMBLER, GREGORY S 5858 CENTRAL AVE ST PETERSBURG FL 33707	5. NAME	☐ Change ☐ Addition
6. NAME		6. NAME	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. NAME		8. NAME	☐ Change ☐ Addition
9. NAME		9. NAME	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071, Florida Statutes. I further certify that the information submitted in this report or supplementary 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 registered agent named in this report as required by Chapter 187, Florida Statutes, and that my name appears in the filing of this report or on an attached form with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig H. Sher

4/28/95

(813) 384-6000