

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P94000004141 (5)

1. Corporation Name

STERENSIS FAMILY HOLDINGS, INC.

Principal Place of Business

8912 LAUREL DR.  
PINELLAS PARK FL 34666

Mailing Address

8912 LAUREL DR.  
PINELLAS PARK FL 34666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1994

3b. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0475244

Applied For

Not Applicable

21. Suite Apt. #, etc.

26. Suite Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23. Zip

28. Zip

29. Zip

30. Zip

9. This corporation has liability for intangible tax under § 199.001,  
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLSON, SUSAN W  
150 2ND AVE. NORTH  
SUITE 1700  
ST. PETERSBURG FL 33701

81. Name

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.07(2) and 607.17(8), 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 607.07(8), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge (If Registered Agent is a corporation, the name of the corporation and the name of the officer or director who is the registered agent must be given.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

|                    |                                           |
|--------------------|-------------------------------------------|
| 1. NAME            | D                                         |
| 2. STREET ADDRESS  | STERENSIS, JOSEPH B                       |
| 3. CITY & STATE    | 8912 LAUREL DR.<br>PINELLAS PARK FL 34666 |
| 4. NAME            | D                                         |
| 5. STREET ADDRESS  | STERENSIS, BARBARA G                      |
| 6. CITY & STATE    | 8912 LAUREL DR.<br>PINELLAS PARK FL 34666 |
| 7. NAME            |                                           |
| 8. STREET ADDRESS  |                                           |
| 9. CITY & STATE    |                                           |
| 10. NAME           |                                           |
| 11. STREET ADDRESS |                                           |
| 12. CITY & STATE   |                                           |
| 13. NAME           |                                           |
| 14. STREET ADDRESS |                                           |
| 15. CITY & STATE   |                                           |
| 16. NAME           |                                           |
| 17. STREET ADDRESS |                                           |
| 18. CITY & STATE   |                                           |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY & STATE    |                                                                   |
| 5. NAME            |                                                                   |
| 6. STREET ADDRESS  |                                                                   |
| 7. CITY & STATE    |                                                                   |
| 8. NAME            |                                                                   |
| 9. STREET ADDRESS  |                                                                   |
| 10. CITY & STATE   |                                                                   |
| 11. NAME           |                                                                   |
| 12. STREET ADDRESS |                                                                   |
| 13. CITY & STATE   |                                                                   |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY & STATE   |                                                                   |
| 17. NAME           |                                                                   |
| 18. STREET ADDRESS |                                                                   |
| 19. CITY & STATE   |                                                                   |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.07(1)(b), Florida Statutes. I further certify that the information included on this annual report is a true and accurate report of the corporation's financial condition and operations and that the corporation shall have the same report filed in the public records of the State of Florida. I understand that the corporation is required to file this report with the Department of State, Florida Statutes, and that the report is subject to public inspection.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-95

813-541-3600