

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000004850 (1)

1. Corporation Name:

SARASOTA REC. INC.

Principal Place of Business:

**5254 OCEAN BLVD.
SARASOTA FL 34242**

Mailing Address:

**5254 OCEAN BLVD.
SARASOTA FL 34242**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/03/1994

4. FFI Number

Applied For

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 integrative tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 **5254 Ocean Blvd**
Suite, Apt. #, etc

2a. Mailing Address
26 **5254 Ocean Blvd**
Suite, Apt. #, etc

22 City & State
Sarasota, FL

27 City & State
Sarasota, FL

24 Zip
34242

29 Zip
34242

30 Country
United States

9. Name and Address of Current Registered Agent

**SYPRETT, JIM D
1900 RINGLING BLVD.
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature of registered agent or registered agent in lieu of agent

Signature of registered agent or registered agent in lieu of agent

(WIT)

OFFICERS AND DIRECTORS

ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
1. TITLE **D**
2. NAME **SYPTETT, TROY D**
3. STREET ADDRESS **5254 OCEAN BLVD.**
4. CITY, ST, ZIP **SARASOTA FL 34242**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2. TITLE **D**
3. NAME **BEYCHOK, DANIEL E**
4. STREET ADDRESS **5254 OCEAN BLVD.**
5. CITY, ST, ZIP **SARASOTA FL 34242**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

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 its manager 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 REGISTERING OFFICER OR DIRECTOR

TROY SYPRETT

Date

Signature of Secretary