

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # P94000039607 (4)

1. Corporation Name

OUTLOOK VILLAGE INC.

95 APR 10 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2812 SKIMMER POINT DR
GULFPORT FL 33707

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GULFPORT FL 33707

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

05/23/1994

2. Principal Place of Business

2a. Mailing Address

21 6301 59th St. No.

2a 6495 59th Ct. No.

4. FEI Number

65-0496026

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Pinellas Park FL

28 Pinellas Park, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34665

25 USA

29 34665

30 USA

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLF, RONALD
6495 59TH CT N
PINELLAS PARK FL 34665

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

Ronald Wolf

4/5/95

Signature, typed or printed name of registered agent and this is acceptable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WOLF, RONALD
STREET ADDRESS	6495 59TH CT N
CITY - ST - ZIP	PINELLAS PARK FL 34665
TITLE	D
NAME	WOLF, ROBERT
STREET ADDRESS	11301 GROVE ST N
CITY - ST - ZIP	SEMINOLE FL 34042
TITLE	D
NAME	WOLF, WALTER
STREET ADDRESS	7249 61ST AVE N
CITY - ST - ZIP	ST PETERSBURG FL 33709
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/P	☐ Change ☒ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	D/V	☒ Change ☒ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	D/S/T	☒ Change ☒ Addition
32 NAME		
33 STREET ADDRESS	6301 59th St. No. #102	
34 CITY - ST - ZIP	Pinellas Park, FL. 34665	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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(1)(a), 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:

Ronald F. Wolf

president

RONALD F. WOLF

4/5/95

813-541-4322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone (Area)