

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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98 JUN -4 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # A94000055445 (8)
1. Corporation Name

S.A. FINCH & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7-25-94

4. FEI Number

65-0505726

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 owes or has paid the current year Intangible
Personal Property Tax due June 30

☐ Yes

☒ No

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

2. Principal Place of Business

21 5560 BEE RIDGE ROAD

Suite, Apt. #, etc.

22 SUITE D-3

City & State

23 SARASOTA, FL

Zip

Country

24 34233

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

FINCH, SHIRLEY A.
5224 SAN JOSE DRIVE
SARASOTA, FL 34235

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 duly ordered 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 person authorized to file this statement (if not the registered agent)

(Note: To require a signature, the person filing must be the registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY-ST-ZIP

18 TITLE

19 NAME

20 STREET ADDRESS

21 CITY-ST-ZIP

22 TITLE

23 NAME

24 STREET ADDRESS

25 CITY-ST-ZIP

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY-ST-ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY-ST-ZIP

34 TITLE

35 NAME

36 STREET ADDRESS

37 CITY-ST-ZIP

38 TITLE

39 NAME

40 STREET ADDRESS

41 CITY-ST-ZIP

42 TITLE

43 NAME

44 STREET ADDRESS

45 CITY-ST-ZIP

14. I hereby certify that the information supplied with this form 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 supplementary statement 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 officer or director 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 addition sheet within an addition.

SIGNATURE:

Shirley A. Finch

6-1-98 (94)379-2377

CR2E034 (10/97)