

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000076015 (4)**

1. Corporation Name
SILVER ANCHOR, INC.



Principal Place of Business
**POST OFFICE BOX 760
CRYSTAL SPRINGS FL 33524**

Mailing Address
**POST OFFICE BOX 760
CRYSTAL SPRINGS FL 33524**

2. Principal Place of Business
21 **20705 US 301**

2a. Mailing Address
26 **20705 US 301**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State
23 **Dade City FL**

27
City & State
28 **Dade City FL**

24 Zip **33525** 25 Country **Pasco**

29 Zip **33525** 30 Country **Pasco**

9. Name and Address of Current Registered Agent

**FENSTER, EDWARD W JR.
1743 PARTRIDGE BOULEVARD
CRYSTAL SPRINGS FL 33524**

3. Date Incorporated or Qualified
10/13/1994

3a. Date of Last Report
06/22/1995

4. FEI Number
59-3277422

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
20705 US 301

83

84 City
Dade City

FL

85 Zip Code
33525

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 officer 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, typed or printed name of registered agent and title, if applicable

NOTE: Registered Agent signature is required when submitting

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FENSTER, EDWARD JR.
1743 PARTRIDGE BOULEVARD
CRYSTAL SPRINGS FL 33524** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
**20705 US 301
Dade City FL 33525**

21 TITLE ☐ Change ☒ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
**D
FENSTER, SARA R.
20705 US 301
DADE CITY FL 33525**

31 TITLE ☐ Change ☐ Addition

32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS ☐ Change ☐ Addition

64 CITY-ST-ZIP ☐ Change ☐ Addition

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 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: **EDWARD FENSTER JR (DIRECTOR)**

5/11/96 352
583-4447

CR2E034 (12/95)