

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000084267 (1)

1. Corporation Name

FINANCIAL ADVISORY SERVICES, INC.



Principal Place of Business

4955 CROSS CREEK ROAD  
SARASOTA FL 34231  
US

Mailing Address

4955 CROSS CREEK ROAD  
SARASOTA FL 34231

3. Date Incorporated or Qualified  
11/17/1994

3a. Date of Last Report  
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0528926

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

Zip

Country

29

Zip

Country

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

KNOTH, BARRY  
4955 CROSS CREEK ROAD  
SARASOTA FL 34231

81

Name

ELISE SEFICK

82

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

4955 CROSS CREEK RD

83

84

City

SARASOTA

FL

85

Zip Code

34231

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

*Elise Sefick*

(NOTE: Registered Agent signature required when reinstating)

2-20-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME SEFICK, ELSIE  
STREET ADDRESS 4955 CROSS CREEK RD  
CITY-ST-ZIP SARASOTA FL

TITLE ☒ DELETE

VPT  
NAME KNOTH, BARRY  
STREET ADDRESS 4955 CROSS CREEK RD  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

800001728858  
-03/01/96--01020--012  
\*\*\*200.00

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

72/29

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)(k), 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:

*Elise Sefick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

Date

941-927-0421

Daytime Phone #

CR2E034 (12/95)