

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000094298 (4)

1. Corporation Name

FSV, INC. OF DELTONA

Principal Place of Business

**581 ANTOINETTE ST.
DELTONA FL 32725**

Mailing Address

**581 ANTOINETTE ST.
DELTONA FL 32725**

REINSTATEMENT 95-97
DO NOT WRITE IN THIS SPACE. mwb

3. Date Incorporated or Qualified

12/30/1994

3a. Date of Last Report

mwb

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

**SMITH, STANLEE J
581 ANTOINETTE ST.
DELTONA FL 32725**

10. Name and Address of New Registered Agent

81 Name

HORACE A. MOODY

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

1519 CAPITAL CIRCLE NE

83

TALLAHASSEE, FLORIDA

84

TALLAHASSEE, FL

FL

85 Zip Code

32317

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: *Stanlee J. Smith*
(Signature of current registered agent and officer, if applicable)

(NOTE: Registered Agent Signature required when reinstating)

1/28/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, STANLEE J
STREET ADDRESS	581 ANTOINETTE ST.
CITY-ST-ZIP	DELTONA FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	600002072436--9
STREET ADDRESS	-01/29/97--01050--019
CITY-ST-ZIP	***1080.00 ***1080.00
TITLE	
NAME	
STREET ADDRESS	
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

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thomas Hackert	
1.3 STREET ADDRESS	149-48 19th Ave	
1.4 CITY-ST-ZIP	Whitestone, NY 11357	
2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stanlee J. Smith	
2.3 STREET ADDRESS	581 Antoinette St P.O. Box 5357	
2.4 CITY-ST-ZIP	Deltona FL 32728	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thomas Hackert	
3.3 STREET ADDRESS	149-48 19th Ave	
3.4 CITY-ST-ZIP	Whitestone NY 11357	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Thomas Hackert	
4.3 STREET ADDRESS	149-48 19th Ave	
4.4 CITY-ST-ZIP	Whitestone NY 11357	
5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Thomas Hackert	
5.3 STREET ADDRESS	149-48 19th Ave	
5.4 CITY-ST-ZIP	Whitestone NY 11357	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Thomas Hackert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/96

CR2E034 (3/95)