2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Feb 06, 2004 8:00 am Secretary of State DOCUMENT # P95000014554 02-06-2004 90014 001 \*\*\*150.00 FRANK OVERHOLT & SONS, INC. Principal Place of Business Mailing Address 301 EAST ROAD 301 EAST ROAD SARASOTA FL 34240 SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0562986 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OVERHOLT, FRANK Street Address (P.O. Box Number is Not Acceptable) 301 EAST ROAD SARASOTA FL 34240 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATÉ (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE **VDST** M Change ☐ Addition TITLE OVERHOLT, FRANCIS NAME NAME STREET ADDRESS 301 EAST ROAD STREET ADDRESS SARASOTA FL 34240 CITY-ST-ZIP CITY-ST-ZIP 🗶 Delete ☐ Change ☐ Addition TITLE TITLE OVERHOLT, ELLEN L NAME NAME 301 EAST ROAD STREET ADDRESS STREET ADDRESS SARASOTA FL 34240 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete Erancis Overholt NAME " STREET ADDRESS STREET ADDRESS 301 East Rd CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7iP CITY-ST-7IP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 💆

FILED